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--*-*-*-*-*-*< VISA Credit Card Authorization Form >*-*-*-*-*-*-**

Please fill out the form below and fax to CBI (FAX:+81-45-924-5654)

*Cardholder name: _____

*Name in Kanji: _____

* Billing Address: _____

* Tel: _____

* E-mail: _____

* Registration Type: CBI or JSBi member : JPY10,000
 non- CBI or JSBi member : JPY18,000
 Student (non-member) : JPY 5,000

*Banquet Banquet Fee : JPY 5,000

* Card number: _____ * Exp.Date: _____

* Signature: _____ * Date: _____

<<The 2011 Joint Conference of CBI & JSBi>>

CBI/JSBi2011 Secretariat

Tel / Fax: +81-45-924-5654

E-mail: cbi2011@cbi-society.org