

Official Use Only

Credit Card Payment Form		Registration No.	Officer	Proof

FAX to Nippon Travel Agency Co., Ltd.
FAX : **+81-3-3225-1009** Phone : +81-3-5369-4540

Please fill in the blanks as below, and send this form by facsimile or as an email attachment to:

Tokyo Corporate & Convention Sales Division, Nippon Travel Agency Co., Ltd.

Event Name: 42nd International Chemistry Olympiad		Country Name: _____	
Company of your Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Diners <input type="checkbox"/> JCB	Card Number : _____		Security Code: _____
	Expiration date : 20 / _____ (Year / Month)		Amount (JPY) : _____
	Card Holder's Name (PRINT) : _____		
	Signature : _____		
	Card holder's post address: _____		
	Card Holder's telephone No.: _____		
	Method of Payment : Single Payment		Date (yyyy/mm/dd) : _____
Important Notes: 1. <u>We can not process the payment transaction if the 'Security Code' is missing on this form.</u> 2. <u>Credit card charges will recorded in your bank statement under the name of Nippon Travel Agency Co., Ltd.</u>			