

Payment form for Credit card

*The 12th International Symposium on Advanced Science and Technology
in Experimental Mechanics (12th ISEM '17-Kanazawa)
Kanazawa, Japan, November 1-4, 2017*

Title: Prof. Dr. Mr. Ms.

First name (given): _____ Last name (family): _____

Affiliation: _____

E-mail: _____

Registration number: _____

Credit card (VISA or MasterCard only)

Credit card type: Visa MasterCard

Charge to my card number: _ _ _ _ _ _ _ _ _ _

with expiration date (Month/Year) (_ / _)

Total amount: ¥ 10,000- _____

Name of cardholder (please type block letters) _____

Date: (Day/Month) ____ / ____ / 2017 Signature: _____

Note: The personal information on your credit card is strictly protected and is reliably canceled soon after its use.

Please complete this form and send it by **Fax** to

Registration Office: Dr. Kenji NAKAI, Okayama University of Science, Okayama, Japan

Fax No: +81 (86) 256-9615

If you have any inquiry, please send an e-mail to nakai@mech.ous.ac.jp