CREDIT CARD FORM

(Technical Report)

If you wish to pay with your credit card, please fill in the following form and mail it back to The Institute of Electronics, Information and Communication Engineers.

To : Societies Section,The Institute of Electronics,Information and Communication Engineers

Kikai-Shinko-Kaikan Bldg.,5-8,Shibakoen 3 chome,Minato-ku,Tokyo,JAPAN

Zip Code 105-0011

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I wish to pay with my credit card.(Mark the appropriate box with an X)

□ Master Card □ VISA □ American Express

Name_____

(1) Card number _____

(2) Expiry date (month/year) _____/_____

(3) Full name of holder as it appears on the card (Please type or print)

_____

(4) Amount Japanese Yen _____ Japanese Yen

(5) Mailing address

_____

_____(Country)_____

Phone _____

Signature _____ Date _____