

Credit Card Form

PAYMENT

Please charge ¥25,000 or ¥_____ to my credit card:

Visa Master

CARD NUMBER

EXPIRY DATE

CARDHOLDER NAME

CARDHOLDER ADDRESS

CARDHOLDER SIGNATURE

DATE

<input type="text"/>	<input type="text"/>
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*For cancellations received before 10 January 2009, 75% of the amount paid will be refunded.
For cancellations received after 10 January 2009, there will be no refund.

WHERE TO SEND THIS FORM

Please complete this form, photocopy for your records, and post, fax or e-mail to:

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