**The 24th Annual Meeting of**

**the Japanese Society of Pediatric Anesthesiology**

**Registration Form**

Plese complete all fields and send it to jspa2018@intergroup.co.jp with your credit card information.

|  |  |
| --- | --- |
| First Name |  |
| Middle Name |  |
| Last name |  |
| Affiliation |  |
| Tel |  |
| Address |  |
| State/ Province |  |
| Zip code |  |
| Country |  |
| Registration  Category | □ Participant (JPY 10,000)  □ Lead Author (JPY 5,000) |

■ **Banquet**

Would you like to attend Banquet (October 20 18:00-19:30) ?

**□Yes　　□No**

**\*IMPORTANT**:

Please make sure that you provide the accurate and complete address as well as the phone number.

Incorrect or insufficient information may result in the delay or failure of the payment process.

**Credit Card Payment Form**

Plese complete all fields and send it to jspa2018@intergroup.co.jp with your registration form.

|  |  |
| --- | --- |
| Participant’s Name |  |
| Registration Category |  |

Credit Card Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Credit Card | Visa・MasterCard・AMEX  Others ( ) | | | | | |
| Card Holder’s Name  (As shown on card) |  | | | | | |
| Credit Card Number |  | | | | | |
| Expiration Date | MM/YY | Security Code |  |  |  |  |

Payment details

|  |  |
| --- | --- |
| Registration fee | JPY |

I, \_\_\_\_\_\_\_\_\_\_\_, authorize the 24th Annual Meeting of JSPA to charge my credit card above

for agreed upon amount.

MM/DD/YYYY

Card Holder’s Signature Date

**\*Security Code**: Card security code (card verification data) is 3 digits security code printed on the back of the card.

If you are using an American Express Card, please look for the 4-digit code printed on the front .