Payment Form for the la	anguage (Englis	sh) assistant v	olunt	eer fo	or Sp	ring	Sen	ninar	2020	
◆Mr./Mrs./Miss/Ms. Name/氏名 :										
Membership Number/会	€員番号:									
Address/住所:										
		_ Country: _								
Phone : E-mail:										
◆Payment Details/お支払	内容: Please	fill in the bold	-line	d box	with	the	tota	l amo	ount.	
Date	Transportation fee for the language (English) assistant volunteer					Total Price (¥)				
April 17 (Fri)	2,000									
April 18 (Sat)	2,000									
TOTAL AMOUNT (Please fill in the amount)					¥					
◆Credit Card Details / クレ Credit Card Type / カードの種			ED							
Credit Card Account Number		□ IWAST	LIX							
						_				
Expiry Date/有効期限: 「	Month ∕月:		Yea	r/年:	:					<u> </u>
Card Holder's Name (Please										
Signature of the Card Holder										
		· - ·								
Please return this application 7-2-21 Akasaka, Minato-ku, 1 Phone: +81-3-3408-1151 I	Tokyo 107-8505,	JAPAN	ırtmen	nt, Sog	getsu	Four	ndati	on		
Office Only (do not fill this ou	t)/草月会記入櫃									