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| **Personal Information** | | | |
| Last Name: | Mr.  Ms. | First Name: |  |
| Middle Initial Name: |  | Title: |  |
| Country: |  | Passport No.: |  |
| Organization: |  | Zip/Postal Code: |  |
| Address: |  | E-Mail: |  |
| Telephone: |  | Fax: |  |
| Team Registration: |  | Research Field: |  |

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| **Accommodation related** | | | |
| Food Choices: | 1. Vegetarian 　 2. No Pork 　 3. No Seafood 　 4. No Preference | | |
| Arrival Date: |  | Departure  Date: |  |

|  |  |
| --- | --- |
| **Only registration fee & Package** | |
| For the detailed information about the Package, please [click here](http://www.bitlifesciences.com/ica2014/price.asp). | |
| Ticket Type: | Only Registration Fee  Package   Other |
| Travel Needs: |  |

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| **Special Needs** |
| Please indicate your special needs: |

|  |  |  |  |
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| **Payment Methods** | | | |
| Payment: $ (Currency: USD and EUR ) | | | |
| Tour: $ (Currency: USD and EUR ) | | | |
| **1. Payment by Credit Card** | | | |
| http://www.bitlifesciences.com/ica2013/pic/visa.jpg | Visa Card | http://www.bitlifesciences.com/ica2013/pic/master-card.jpg | Master Card |
| Credit Card Number: |  | Expiration Date: | YEAR: 　MONTH: |
| Name of the Card Holder: |  | Security Code ( Last 3 or 4 digits): |  |