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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: |    |

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|  **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): |    |