

## 2017 LOEX Conference Payment

Tax ID: 90-0971299



--This is **NOT** a registration form; it is only for payment--

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL (number of attendees x \$290)** \$ \_\_\_\_\_  
[for *Members or Presenters*]

**TOTAL (number of attendees x \$335)** \$ \_\_\_\_\_  
[for *Nonmembers*]

### Payment information (check one)

**Check**

Make checks payable to **LOEX**, and mail to LOEX at the address below.

**Credit Card**

Credit card payments can mailed to the address below, faxed (734.561.4527) or phoned in (734.487.2633)

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_ 3-digit Security Code \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

*Payment is due April 3, 2017; the last day to request a refund is April 14, 2017.*

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LOEX  
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