

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 \$95) \$ _____
[for *Student Presenters*]

TOTAL (number of attendees x \$145) \$ _____
[for *Student Non-presenters and Residents/Fellows*]

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.

LOEX
4007 Carpenter Rd #357
Ypsilanti, Michigan 48197
<http://www.loex.org/>
contact@loex.org