2013
Pre-Conference Payment

Tax ID: 386005986

Date: _____

Institution: _____

Name(s): _____

_____

_____

_____

Total (number of attendees x $95) **$**_____

Payment information (check one)

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

☐ **Credit Card**
Credit card payments can mailed to the address below, faxed (734.487.1289) or phoned in (734.487.2633)

Visa _____ **Mastercard** _____

Name on card _____

Card # _____-_____-_____-_____

Expiration _____/_____ **3-digit Security Code** _____ **Billing ZIP Code** _____

Payment is due April 22, 2013; the last day to request a refund is April 26, 2013.

LOEX CLEARINGHOUSE FOR LIBRARY INSTRUCTION
203 Halle Library
Eastern Michigan University
Ypsilanti, Michigan 48197-2207
www.emich.edu/public/loex/index.html