

## 2016 LOEX Pre-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 \$115)** \$ \_\_\_\_\_

### Payment information (check one)

☐ **Check**

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

☐ **Credit Card**

Credit card payments can be 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 22, 2016; the last day to request a refund is April 25, 2016.*

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