2014 LOEX Pre-Conference Payment

Tax ID: 90-0971299

LOEX2014 Annual Conference May 8-10, Grand Rapids

*--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 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 25, 2014; the last day to request a refund is May 1, 2014.

LOEX
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contact@loex.org