**2024 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 $175) [for Student Non-presenters] | $_______________  

**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 (734.340.2653)
  - Visa _______ Mastercard _______
  - Name on card ____________________________
  - Card # _______ - _______ - _______ - _______
  - Expiration _____/______  3-digit Security Code _______  Billing ZIP Code ___________

*Payment is due April 8, 2024; the last day to request a refund is April 22, 2024.*

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LOEX  
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