2023 LOEX Fall Focus Conference Payment

Tax ID: 90-0971299



--This is **NOT** a registration form; it is only for payment--Date: _____ Institution: Name(s): INDIVIDUAL: TOTAL (number of attendees x \$75) [for Members or Presenters] INDIVIDUAL: TOTAL (number of attendees x \$95) [for Nonmembers] GROUP: 3+ persons at same location (\$200) [with one log-in, for Members] GROUP: 3+ persons at same location (\$250) [with one log-in, for Nonmembers] 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 November 6, 2023; the last day to request a refund is November 8, 2023.

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