2025 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 $85)** **$**_____
[for *Members* or *Presenters*]

***INDIVIDUAL*: TOTAL (number of attendees x $105)** **$**_____
[for *Nonmembers*]

***GROUP*: 3+ persons at same location ($220)** **$**_____
[with one log-in, for *Members*]

***GROUP*: 3+ persons at same location ($275)** **$**_____
[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 10, 2025; the last day to request a refund is November 12, 2025.

LOEX
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Ypsilanti, Michigan 48197
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contact@loex.org