

PAYMENT FORM
UNITED ENGINEERING FOUNDATION CONFERENCES

Fax: +1-212-591-7441

Conference: Solid-Liquid Separations III

Payment Due: August 30, 2001

Name: _____ **Date:** _____

(Please print - signature must appear below)

CALCULATION OF FEE

- | | |
|---|-----------------|
| 1. Single Room (or sharing room with guest) | \$ _____ |
| 2. Sharing Room with another participant | \$ _____ |
| 3. Graduate Student | \$ _____ |
| 4. Guest | \$ _____ |
| 5. Surcharge if not member of Founder Society
or member of reciprocating society (\$100) | \$ _____ |
| TOTAL AMOUNT | \$ _____ |

METHOD OF PAYMENT

___ **A. CHARGE TO CREDIT CARD**

Note: This will appear on your statement as United Engineering Trustees

AMEX _____ VISA _____ MASTERCARD _____ AMOUNT: _____

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____

___ **B. CHECK PAYABLE TO UNITED ENGINEERING FOUNDATION AND DRAWN ON A U.S. BANK IN U.S. DOLLARS IS ENCLOSED**

___ **C. MONEY ORDER PAYABLE TO UNITED ENGINEERING FOUNDATION IN U.S. DOLLARS IS ENCLOSED**

___ **D. DULY AUTHORIZED, SIGNED PURCHASE ORDER IS ENCLOSED**

___ **E. CHECK OR PURCHASE ORDER IN TRANSIT**

The UEF will accept this form of delayed payment provided that you give us the contact information below. A Foundation representative will call this contact in order to confirm that payment is in process.

Payment for my participation at the above conference has been initiated by:

Contact's Name and Position:

Contact's Phone:

Contact's Fax:

Organization:

___ **F. OTHER**

Other forms of payment (e.g., bank transfers) must be arranged on an individual basis. Please contact the Foundation.

SIGNATURE: _____