

**PAYMENT FORM**  
**UNITED ENGINEERING FOUNDATION CONFERENCES**

Fax: +1-212-591-7441

**Conference:** Advanced Membrane Technology

**Payment Due:** September 15, 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)	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>

**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:** \_\_\_\_\_