

PAYMENT FORM
UNITED ENGINEERING FOUNDATION CONFERENCES

Fax: +1-212-591-7441

Conference: MICROGRAVITY TRANSPORT

Payment Due: August 31, 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: _____