

PAYMENT FORM
DEADLINE: MARCH 11, 2011



Complete this form & mail to:

Barbara Hole, CFRE
SUNYCUAD Treasurer
University at Buffalo
253 Harriman Hall
Buffalo, NY 14214

Email: bhole@buffalo.edu
Phone: (716) 829-2901

Name	Title
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Institution	Department
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Telephone	Email
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Category title (list separately)	Category number	Subcategory letter (if applicable)
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Category title (list separately)	Category number	Subcategory letter (if applicable)
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Category title (list separately)	Category number	Subcategory letter (if applicable)
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If entering more than four categories, copy and enclose additional payment forms as needed.

ENTRY FEES

\$30 per individual entry for SUNYCUAD members whose dues were paid by March 10, 2010.
\$45 per individual entry for all others.

Number of entries _____ Total amount due \$ _____

PAYMENT

Check made payable to SUNYCUAD

Purchase Requisition/Purchase Order # _____

Credit Card with the following information:

- Visa MasterCard American Express Discover

Name as it appears on card

Credit card number

Signature panel code (on back of card: last three numbers after credit card number)

Signature