

**PAYMENT FORM**  
**DEADLINE: MARCH 10, 2010**



Complete this form and mail it to:  
Barbara Hole, CFRE  
SUNYCUAD Treasurer  
University at Buffalo  
253 Harriman Hall  
Buffalo , NY 14214

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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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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

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Name as it appears on card

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Credit card number

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

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Signature