

## 2017 New Mexico AMP Student Research Conference

### Confirmation of Credit Card Payment

*(Complete separate form for each individual you are registering using this credit card.)*

**FAX completed form to: 575-646-2960**

First Name

MI

Last Name




Telephone

E-mail address



Institution

Department



Institution Address

Fax Number



City

State

Zip

Institution Telephone





Are you a Conference Presenter? ☐ No ☐ Yes

#### ORGANIZATION/ PROGRAM AFFILIATION:

What program are you with?

☐ New Mexico AMP

☐ Advisory Board

☐ EPSCoR

☐ Industry

☐ Other LSAMP

☐ CAMP

☐ Federal/State Agency

☐ Other: \_\_\_\_\_

#### REGISTRATION FEE:

<b>TYPE</b>		<b>Through Sept. 22, 2017</b>	<b>From Sept. 23, forward</b>
<input type="checkbox"/>	New Mexico AMP Scholars/Faculty/Staff & Affiliates	\$50.00	\$75.00
<input type="checkbox"/>	Other LSAMP Scholars/Faculty/Staff & Affiliates	\$50.00	\$75.00
<input type="checkbox"/>	All Others	\$50.00	\$75.00

☐ I hereby authorize the New Mexico Alliance for Minority Participation Student Research Conference to charge my registration fee to the credit card listed below.

Card Type: VISA    Master Card    Discover    (please circle one)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_