



## *LISEF Fair 2026 Direct Payment Form*

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School/District Contact Person \_\_\_\_\_

School/District Contact Person Email \_\_\_\_\_

School Telephone \_\_\_\_\_

School District Name \_\_\_\_\_

**Fee \$240.00 Student for LISEF**

**LISEF: Number of Registered Students \_\_\_\_\_ @ \$240.00/student**

**Total Fee = \$ \_\_\_\_\_**

**The following items must be received by Monday, February 2, 2026:**

- One copy of this form
- One copy of all pages of the LISEF INVOICE
- **CHECK** (full payment) made out to **L. I. SCIENCE and ENGINEERING FAIR, INC.**

**SEND TO:**

**L.I. Science and Engineering Fair, Inc.  
998 Old Country Road, STE C PMB 164  
Plainview, NY 11803**

*School Districts that do not send checks or ESBOCES Forms by **Monday, February 2, 2026** will be ineligible for LISEF 2027.*