Reset Form

IEB Regional Championship Competition

Regional Directors Payment Form
Association for Practical and Professional Ethics
Nineteenth Annual Meeting, March 4-7, 2010
National Competition March 4, 2010

Name of Host University/Institution _____

Region _____

Regional Director _____

E-mail _____

Telephone _____ Fax Number _____

Name of Team	Payment Amount
Total Amount	

DO NOT e-mail this form with credit card information – **Print** and fax or mail it to the address below!

Print Form

Please make check payable to Association for Practical and Professional Ethics, and mail to:
Association for Practical and Professional Ethics, Indiana University, 618 East Third Street, Bloomington, IN 47405

All fees are in U.S. dollars

DO NOT Email credit card number!!

Email Form

Credit card payments may be faxed to 812-856-4969 or email to appe@indiana.edu

Only VISA and MasterCard are accepted. Card Type (circle one): VISA MasterCard AmEx

Cardholder's Printed Name _____

_____ _____
Signature Date

_____ _____
Card Number Expiration Date