

**IEB Regional Championship Competition
Fall 2009**

Registration Form
Association for Practical and Professional Ethics

Name of University/Institution _____	
Name of Coach _____	
E-mail _____	
Name of Sponsor _____	
Address of Sponsor _____	
Telephone _____	Fax Number _____
Email _____	

Region _____	
List of Team Members	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Team Registration Fee: \$50.00	
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	
<u>DO NOT Email credit card number!!</u>	
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 _____