

**IEB Regional Championship Competition  
Fall 2010**

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	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Team Registration Fee: \$50.00</b>	
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	
<b><u>DO NOT Email credit card number!!</u></b>	
Credit card payments may be faxed to 812-856-4969 or email to <a href="mailto:appe@indiana.edu">appe@indiana.edu</a>	
Only VISA and MasterCard are accepted.	Card Type (circle one): VISA      MasterCard      AmEx
Cardholder's Printed Name _____	
_____ Signature	_____ Date
_____ Card Number	_____ Expiration Date