

IEB Regional Championship Competition

Fall 2008

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 _____

Name of Team _____

List of Team Members

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Team Registration Fee: \$50.00

Please make check payable to Association for Practical and Professional Ethics, and mail to Dr. Brian Schrag, Executive Secretary, Association for Practical and Professional Ethics, Indiana University, 618 East Third Street, Bloomington, IN 47405

Credit card payments may be faxed to 812-856-4969. All fees are in U.S. dollars

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

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