

# IEB Regional Championship Competition

Regional Directors Payment Form  
Association for Practical and Professional Ethics  
Eighteenth Annual Meeting, March 5-8, 2009  
National Competition March 5, 2009

Name of Host University/Institution \_\_\_\_\_

Regional Director \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Team

Payment Amount

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Total Amount \_\_\_\_\_

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

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_