

IEB Regional Championship Competition

Individual Team Regional Payment Form
Association for Practical and Professional Ethics

Name of Team University/Institution _____

Name of APPE Member (required) _____

Region _____ Hosting University/Institution _____

Coach(es) _____

Coach(es) E-mail _____

Telephone _____ Fax Number _____

Name of Team Members (if known):

Team One:

Team Two:

Individual Regional Team Fee (up to two teams): \$ _____

(Please, fill in the correct amount for your region, above. If you are unsure of the amount, please consult the APPE Ethics Bowl Regional webpage: <http://appe.indiana.edu/ethics-bowl/2015-ieb-regional-list-and-information/>)

Online Payments: Print and fax (812-856-4969) or email (appe@indiana.edu).

Payments by check: Print and include the form with the check. Mail checks to the address listed below.

Credit card payments must go through the APPE Payment portal found on the APPE website:
https://appe.v2.aitapps-s.indiana.edu/APPE_eCommerce_V1_Online/SalesSpecialInterestGroup

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