

# IEB Regional Championship Competition

Individual Team Regional Payment Form  
Association for Practical and Professional Ethics

Name of Team University/Institution _____	
<b>Name of APPE Member (required)</b> _____	
Region _____	Hosting University/Institution _____
Coach(es) _____	
Coach(es) E-mail _____	
Telephone _____	Fax Number _____

Name of Team Members (if known): *Please, check with your region for their policies on more than one team.*

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](mailto: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](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