

2012 AMERICAN BUSINESS ETHICS PROGRAM
Chapter Participation Form

Please respond to the questions below so that we can maintain contact with your Chapter regarding this program.

Chapter Name: _____

Chapter President: _____ **Phone:** _____

1. How will your Chapter participate in the 2012 ABEA program?

_____ We will implement a local business ethics awards program.

_____ We will not hold a local program, but will send nominations to the national ABEA program.

Please respond to items 2 through 6 ONLY if you are implementing a local program.

2. Indicate the year in which your Chapter first implemented a local ABEA program? _____

3. Name of local program: _____

4. Date of Award event (if known): _____

5. If your Chapter's program is partnered with other Chapters, please list those Chapters below:

6. Lead contact between your Chapter and the Foundation's ABEA staff:

Name: _____ Phone: _____

Address: _____

Fax: _____ E-mail: _____

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I accept the copyright and trademark provisions as stated above.

Signature: _____

Please fax your response to Anne Rigney at 610-527-4010. Thank you.