

# 2019 IN SERVICE TRAINING CONFERENCE

Registration information (Please print or type all information)

Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
(Coroner/deputy coroner)

County: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Will your spouse and/or family be staying with you \_\_\_\_\_ If not request your roommate: \_\_\_\_\_

**Registration Fees (check appropriate category)**

Full Conference	*Coroner/Deputy _____	Other - \$300.00 _____
1 Day Conference	*Coroner/Deputy _____	Other - \$100.00 _____
½ Day Conference	*Coroner/Deputy _____	Other - \$50.00 _____

\*Coroner/Deputy Coroner – The CTB will pay the registration fee for any Coroner and Deputy Coroner that is a Certified Medicolegal Death Investigator or is in the process of certification within the prescribed time frame as dictated by IC 36-2-14-22. That time period is six months for newly elected coroners and one year from the deputy coroner’s hire date.

Other – Law Enforcement, Physicians, Prosecutors, Nursing, EMS Personnel, Out of State

**Workshops - Friday, June 14th 2:00 pm - 4:00 pm (CHOOSE ONLY 1)**

- #1 SUIDI \_\_\_\_\_
- #2 Bloodstains at the Scene \_\_\_\_\_
- #3 Infrared Digital Photography: Applications for Death Investigations and the Identification of Remains \_\_\_\_\_

**Activities**

Panel Question (s): \_\_\_\_\_

Friday, June 14th Banquet (spouse is included in registration) Number to attend \_\_\_\_\_

The banquet is sponsored by the Indiana State Coroners Association and the vendors and is for the attendees and their spouses. Additional banquet tickets are available for \$60.00.

Course Attendance Agreement – I, \_\_\_\_\_ agree to attend at least (16) hours of the scheduled training conference to be held June 13-15, 2019. Failure to attend the established minimum hours will cause your hotel bill to be your responsibility and not that of the Coroner’s Training Board. Exceptions to this sixteen (16) hour requirement are illness, injury or work related emergencies which must be approved by the Executive Administrative Assistant of the Coroners Training Board or a designee.

Attendee: \_\_\_\_\_ Date: \_\_\_\_\_

Submit registration to: ISCA - [www.indcoroners.org](http://www.indcoroners.org)  
 3501 East 1000 South, Lafayette, IN 47909  
 indcoroners@tds.net