



# 2020 DR. DAVID AVOLT IN-SERVICE TRAINING CONFERENCE



## REGISTRATION FORM

### Course Attendee Demographics

Name:	Title: (Coroner/Deputy Coroner/Other)
County:	Phone:    -    -
Address:	City:
Email:	ZIP Code:
Will your souse and/or family be staying with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, request your roommate:	

### Registration Fees (check appropriate category) for Coroner/Deputy Coroner

Full Conference	<input type="checkbox"/>	
1-Day Conference	<input type="checkbox"/>	Date / /2020
2-Day Conference	<input type="checkbox"/>	Date(s) / /2020 & / /2020
1/2 Day Conference	<input type="checkbox"/>	Date / /2020

*The CTB will cover the registration fee for any coroner/deputy coroner that is a Certified Medicolegal Death Investigator or is in the process of certification with 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.*

### Registration Fees (check appropriate category) Law Enforcement, Physicians, Prosecutors, Nursing, EMS

Full Conference	<input type="checkbox"/>		\$300
1-Day Conference	<input type="checkbox"/>	Date / /2020	\$100
2-Day Conference	<input type="checkbox"/>	Date(s) / /2020 & / /2020	\$200
1/2 Day Conference	<input type="checkbox"/>	Date / /2020	\$50

**Lunch: The ISCA will provide lunch daily. Please indicate the day's you'd like to receive a boxed lunch.**

Thursday

Friday

Saturday



## 2020 DR. DAVID AVOLT IN-SERVICE TRAINING CONFERENCE



### REGISTRATION FORM

Panel Question(s):

1:
2:
3:

Course attendance agreement: I, \_\_\_\_\_, agree to attend at least 16 hours of the scheduled training conference and follow all COVID-19 guidelines during the conference. Failure to attend the established minimum hours and follow the guidelines 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 / /2020

(By electronic signature)

Submit registration to

**indcoroners@tds.net**

or

**ISCA**

**3501 East 1000 South  
Lafayette, IN 47909**