

**REGISTRATION FORM
Course Attendee Demographics**

Name:	Title: (Coroner/Deputy Coroner/Other)
County:	Phone: - -
Address:	City:
Email:	ZIP Code:
Will your spouse 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 / /2022
2-Day Conference	<input type="checkbox"/>	Date(s) / /2022 & / /2022
1/2 Day Conference	<input type="checkbox"/>	Date / /2022

The CTB will cover the registration fee for any coroner/deputy coroner that is a Certified Medicolegal Death Investigator and is in good standing with their CEU hours.

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

Full Conference	<input type="checkbox"/>		\$300
1-Day Conference	<input type="checkbox"/>	Date / /2022	\$100
2-Day Conference	<input type="checkbox"/>	Date(s) / /2022 & / /2022	\$200
1/2 Day Conference	<input type="checkbox"/>	Date / /2022	\$50

Lunch: ISCA will provide a buffet lunch on Thursday and Friday for all attendees. Please indicate the day's you would like to eat lunch. You will be required to scan your ID card prior to lunch. Those that indicated that they want lunch, but do not eat will be billed by the Association.

Thursday
Friday

Coroner Casino Night Number to attend _____

Course attendance agreement: I, _____, agree to attend at least 16 hours of the scheduled training conference. 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 _____
(Signature)

Date _____

Submit registration to
Barker.incoroner@gmail.com