

**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

*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) All Other Attendees**

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 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   

Does your wife want to attend the S.A.F.E. training (females only)?            Yes                      No

(Friday, June 23rd, 2023 from 9AM to 11AM. This workshop is for wives of coroner's or deputy coroner's only - see details on Presentation Abstracts)

Panel Question(s):

Course attendance agreement: I agree to attend at least 16 hours of the scheduled training conference. I understand that failure to attend the established minimum hours will cause the hotel bill to be my responsibility and not that of the Indiana State Coroner's Training Board. I understand that the only exceptions to the established sixteen (16) hour requirement are illness, injury or work-related emergencies which must be approved by the Executive Director of his/her designee.

Attendee \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_