## 2025 IN SERVICE TRAINING CONFERENCE

Registration information (Please print or type all information)

## REGISTRATION FORM Course Attendee Demographics

Name				Title (Coron	Title (Coroner/Deputy Cororner/Other)				
County				Phone	Phone:				
Address				City	City				
Email:				ZIP Co	ZIP Code				
Will your spouse and/or family be staying with you?				☐ Yes	☐ Yes ☐ No				
If not, request your roon	nmate:								
Registration	Fees (ch	neck ap	propr	iate categ	jory) fo	or Corone	r/Deputy Co	roner	
Full Conference									
1-Day Conference		Date	/	/2025					
2-Day Conference		Date(s)	/	/2025 &	/	/2025			
3-Day Conference		Date	/	/2025					
The CTB will cover the Investigator and is in for Law	n good sta <b>Regis</b> t	nding wi t <b>ration</b>	th their (	CEU hours. <b>check ap</b> j	oropria	ate catego	_		
Full Conference									
1-Day Conference		Date	/	/2025					
2-Day Conference		Date(s)	/	/2025 &	/	/2025			
3-Day Conference		Date	/	/2025					
Lunch: ISCA will prov you would like to ear				•	•			e day(s)	
Thursday	<b>□</b> F	riday							
Thursday Menu – So Southwestern chicke tomatoes, shredded	en tortilla s	soup, gril	led chicl	ken, spicy tac	co meat,		• •	-	

Friday Menu – Italian – Wedding soup, Caesar salad, oven roasted pizza, grilled marinated chicken marsala, cheese tortellini with roasted peppers, artichoke hearts, spicy Italian sausage and tomatoes, crisp breadsticks, house focaccia, and tiramisu martinis.

black bean and corn salad, Spanish rice, warm flour tortillas and taco shells, Tres leches parfaits.

<b>Thursday Evening</b> – Indiana Donor Network Facility Tour & Dinn	er
Spouses are welcome to attend – Transportation is provided	
Number to attend	
Friday Evening Comedy – Comedy Magic Show – Rusty Ammer	man
Number to attend	
Course attendance agreement: I, , agree conference scheduled. Failure to attend the established minimur responsibility and not that of the Coroner's Training Board. Excepare illness, injury, or work-related emergencies which must be ap Assistant of the Coroners Training Board or a designee.	tions to this sixteen (16) hour requirement
Attendee: Dar (Signature)	te:

## Submit registration to **Barker.incoroner@gmail.com**

You will be required to scan in each day and upon returning from lunch breaks and at the end of the day. Please remember to bring your ISCA issued ID card. If you have lost yours, a new one will be available for \$5.00.

Breaks are given at the discretion of the speaker. Video and/or audio taping of any sessions or parts thereof is not permitted. Although precautions are taken to prevent schedule changes, speakers and program schedules may change due to unforeseen circumstances.

No one under the age of 18 will be permitted into the lecture area.

Please turn off all electronics or be subject to \$5.00 fine per incident going to the Dr. David Dennis scholarship fund.