



# COURSE REGISTRATION

Complete and Mail with Payment To:

Course Coordinator  
6505 East Central; PMB#176  
Wichita, KS 67206-1924  
Fax: 316-681-2470

*Please print clearly*

First Name	Last Name	Degree
Organization or Agency Affiliation		RN License#
Address		
City	State	Zip
Phone	Fax	E-Mail

**PLEASE INDICATE THE COURSE DATE AND THE DAYS YOU PLAN TO ATTEND:**

July 13-16, 2006: Wichita, KS	Main Course Day 1: Introduction to Forensic Investigation
Nov 9-12, 2006: Phoenix, AZ	Main Course Day 2: Injury Recognition and Natural Deaths
	Main Course Day 3: Child Fatalities and Domestic Homicide
	Post-Conference: Forensic Skills Workshop

**CREDITS REQUESTED**

Nursing CEU's (number must be listed above)      EMS/EMT credit      AZ Post  
Physician CME      Funeral Director

**COURSE REGISTRATION FEE**

Physician or Attorneys-at-Law	3 Days @ \$500	\$	
	_____ Days @ \$180 Each Day	\$	
	CME Fee (Physicians Only): \$25.00	\$	
All Other Registrants	3 Days @ \$400	\$	
	_____ Days @ \$150 Each Day	\$	
Post-Conference Skills Workshop	1 Day @ \$150	\$	

**TOTAL DUE \$ \_\_\_\_\_**

**PAYMENT**

Please make checks payable to: **ForensicMI**

Credit Card: **Master Card or Visa Only**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Zip code of billing address (required): \_\_\_\_\_

Once our office receives a completed registration form with payment, a confirmation letter will be sent. All payments must be received by the 5<sup>th</sup> day before each course.

Cancellation Policy: A \$74 administration fee is charged for cancellations received 15 days or more before each conference. No refunds if canceled 15 days or less before each conference, for any reason. A registrant may elect to attend a course held within the same year in lieu of cancellation. All refunds will be processed after the end of the course.

If the meeting is canceled by ForensicMI for acts of God, War, Terrorism or any other reasons, your registration fee will be refunded. Any prepaid travel / hotel costs will not be refunded, and are the sole responsibility of the registrant.