



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 5th 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.