

Medicolegal Death Investigator Training Course Registration Form

I wish to attend:

- August 17-21, 2009
 January 4-8, 2010 April 26-30, 2010 August 2-6, 2010

PLEASE PRINT OR TYPE: *(This information will be included in the class roster.)*

NAME: _____

JOB TITLE: _____

EMPLOYER : _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Work Address Home Address

PHONE NUMBER with area code: _____

FAX NUMBER with area code: _____

Work Numbers Home Numbers

EMAIL: _____

Please include either a \$100 deposit or the full course fee of \$825 with your registration form. All registration fees must be paid in U.S. dollars. Make checks and money orders payable to **Forensic Pathology**. Master Card and Visa are accepted as well. Registration confirmation will be made by return mail. Pre-registration is required; early registration is recommended.

CREDIT CARD INFO: Master Card Visa Amount Enclosed: \$ _____

Card Number: _____ Expiration Date: _____

Signature: _____

Name on the Card: _____

Mail or Fax to:
Julie Howe or Vickey Goelzhauser
Saint Louis University School of Medicine
Forensic Pathology
1402 S. Grand Blvd. R512
St. Louis, MO 63104-1028
314-977-5970 314-977-5695 fax