

Masters CONFERENCE

2007

July 23 - 26, 2007

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: _____

A piece of apparel with the Masters logo is included with your registration. Please indicate your size:

Small

Medium

Large

X-Large

XX-Large

XXX-Large

Type of Pre-registration requested:

- Conference WITH daily lunches provided \$725
- Conference WITHOUT lunch \$675
- Group rate** WITH daily lunches provided \$675
- Group rate** WITHOUT lunches \$625
- One day registration WITHOUT lunch \$200
 - (Specify day _____)
- Continuing Education Fee \$40

Total Amount Enclosed \$ _____

**** If two or more individuals attend from the same office and register at the same time****

Registrations will not be accepted without at least the \$100 deposit fee which may be paid by personal check, money order, or purchase order made payable to Forensic Pathology. The balance of the fee is due by June 29, 2007. All fees must be paid in US dollars. MasterCard and Visa credit card payment is accepted.

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

Card Number: _____ Expiration Date: _____

Name on the Card: _____

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