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
   o (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:________________________________________________