

# Medicolegal Death Investigator Training Course Registration Form

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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  
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Forensic Pathology  
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