



**2018 CORONER'S ADVANCED TRAINING PROGRAM
REGISTRATION FORM
(APRIL 4, 5, 6, 2018)**

NAME: _____

DOB: _____ SSN: _____ GENDER: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____



ORGANIZATION: _____

POSITION/TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

DATE OF HIRE: _____

PLEASE RETURN THIS FORM TO DON MCCOWN VIA EMAIL OR FAX:

Don McCown
Anderson County Coroner's Office
P.O. Box 8002
Anderson, SC 29622

Phone: (864) 260-4057
Fax: (864) 260-1019
Email: dmccown@andersoncountysc.org OR
accoroner@andersoncountysc.org