



# Let the Dead Speak for Themselves

THURSDAY, DECEMBER 7, 2017

7:30 - 8:00 - REGISTRATION & FULL BREAKFAST | 8:00 AM - 5:00 PM SEMINAR

## COURSE REGISTRATION FORM

|               |   |   |
|---------------|---|---|
| Today's Date: | <input type="radio"/> LEO<br><input type="radio"/> Coroner/Deputy Coroner<br><input type="radio"/> Other: _____ | I am interested in receiving ABMDI Credit: <input type="radio"/> Yes <input type="radio"/> No |
|---------------|---|---|

### ATTENDEE'S INFORMATION

|   |                  |         |
|---|------------------|---------|
| Last Name:  | First:           | Middle: |
| Address: (City, State, Zip)   |                  |         |
| Home phone no.:   | Cell phone no.:  |         |
| Occupation / Title:   | Employer/Agency: |         |
| E-mail address:   |                  |         |
| How do you want your name to appear on the certificate of attendance: |                  |         |

### PAYMENT INFORMATION - REGISTRATION IS \$ 50.00

- At this time we do not accept credit card payments. You may use check or money order for class registration. Checks should be made to Greenwood County Coroner's Office with the memo line: **2017 Fall Coroner's Training**
- Registration is accepted on a first come first served basis, and space is limited. Payment is due with registration. You must pre-register to ensure space in the class. **Deadline is Friday, November 24, 2017.** After that date you must call for availability (864) 942-8552.
- No refund will be given for missed classes.
- Seminar Payment can be mailed to:
 

**Greenwood County Coroner's Office**  
**600 Monument Street**  
**Suite 223, P-127**  
**Greenwood, SC 29646**
- Overnight Accommodations can be made at:
 

**Inn on the Square 864-330-1010**  
**104 Court Ave. East**  
**Greenwood, SC 29646**  
*\*Mention this seminar for special pricing.*

### PLEASE READ AND SIGN BELOW

The above information is true to the best of my knowledge. I understand that this class may contain confidential or personal information regarding individuals. This information may be verbal, on paper, visible on screens displays or otherwise, and may include, but not limited to, medical/health, contractual, or institutional data. I affirm that I will not in any way use, remove, disclose, release, any information deemed to be confidential.

|                 |            |
|-----------------|------------|
| Signature _____ | Date _____ |
|-----------------|------------|

