



WCMEA

Wisconsin Coroner's and Medical Examiner's Association

Registration Form April 2012 Annual Conference

Name & Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

Email: _____

Fee: Full Conference _____ \$225.00 Member _____ \$250.00 Non-Member

Single Day: Circle Day You Wish to Attend: Monday or Tuesday

_____ \$100.00 Member _____ \$125.00 Non-Member

I will attend the evening speaking engagement

By Dr Ann McKee

Monday April 2, 2012: yes _____ no _____

(Free with non perishable food item)

C/o Robert Kulhanek, Treasurer

2422 N. 7th St., Sheboygan, WI 53083

Make checks payable to: WCMEA

***** Registration deadline is March 23, 2012*****

A \$25 fee will be charged for late registrations.

No refunds for cancellations after March 23, 2012

For additional questions, please contact:

Angela Hinze at angela.hinze@co.columbia.wi.us