



Colorado Coroners Association

29th Annual 3-Day

Practical Medicolegal Death Investigation Training Course

Wednesday June 7th, through Friday June 9th, 2017

DoubleTree Hotel by Hilton

1775 E. Cheyenne Mountain Blvd.

Colorado Springs, Colorado 80906

719.527.4601

The Colorado Coroners Association is dedicated to providing service and support to our members. By accepting the responsibility of that role, we are committed to providing the highest quality training, educational activities and opportunities for the betterment of all of our members.

2017 Training Course Description

This program has been designed with all of our members needs in mind. We recognize that there are many members who have experience and knowledge in Death Investigations, but there are also members who are new to the field, or have a limited amount of knowledge and experience. We have designed this program to meet the needs of all of our members.

Course Objectives

This training will provide valuable information, insight and resources that will supplement, enhance, contribute to and promote thorough death scene investigations. It is suitable for those who are new to the field, as well as those who are experienced.

Course Location and Accommodations

The 2017 Practical Medicolegal Death Investigation Course will be held at the DoubleTree Hotel by Hilton in Colorado Springs. The Colorado Coroners Association has a block of 95 rooms on hold at a negotiated rate of \$109.00 per night, plus tax. After May 5, 2017, the DoubleTree Hotel will release any remaining rooms to the general public and all subsequent reservations will be at the current rack rate. Therefore, we encourage you to make your hotel reservations and register for this course on or before May 5, 2017.

Course Cost

Registrations and payments that are **received on or before May 5, 2017** will be charged as follows:

Members/Vendors:	\$400.00/person
Interns:	\$200.00/person
Non-Members:	\$450.00/person
Guest Meals and Breaks	\$200.00/person

Registrations and payments that are **received after May 5, 2017** will be charged as follows:

Members/Vendors:	\$450.00/person
Interns:	\$250.00/person
Non-Members:	\$500.00/person
Guest Meals and Breaks	\$250.00/person

All registrations cover the cost of training, daily lunch and breaks (morning and afternoon), speaker materials (on a flash drive) and a certificate of attendance for one person.

Guest Meals and Breaks

All guests must be registered and their fee paid by May 5, 2017 in order to participate in breaks and meals.

Please note, payments received after May 5, 2017 must be made – and will be charged - at the higher rate.

Cancellations

If you need to cancel your paid registration, you must do so **BEFORE** 8:00 a.m. May 30, 2017.

Cancellations made after this time will not be refunded.

Refunds are subject to a \$30 processing fee.

Continuing Education Hours

CEU's may be applied towards CCA, CCSTB, ABMDI and Colorado P.O.S.T.

Registration begins at 7:30 a.m. on Wednesday, June 7th.

Sessions will begin at 8:00 a.m and end at approximately 5:00 p.m.
on Wednesday and Thursday, and at 1:00 p.m. on Friday.

Questions: Jenny Howe (970) 628.5151, Fax (719) 309.6625

Email: Coloradocoroners@gmail.com

DoubleTree Hotel by Hilton
1775 East Cheyenne Mountain Blvd.
Colorado Springs, Colorado 80906
719-576-8900

Room Block Code: CCA Room Rate \$109.00/night
Make your reservation by Friday, May 5, 2017

Copy and paste the link below to make your online reservations

http://doubletree.hilton.com/en/dt/groups/personalized/C/COSP-DT-CCA-20170605/index.jhtml?WT.mc_id=POG

Colorado Coroners Association

Medicolegal Death Investigation Training Course
Wednesday, June 7th through Friday, June 9th, 2017



REGISTRATION FORM

(Members, Interns, Non-Members, Vendors and Guests)

County or Company: _____

Phone Number: _____

Name: _____ Total: \$ _____

Title: _____ Email: _____

Name: _____ Total: \$ _____

Title: _____ Email: _____

Name: _____ Total: \$ _____

Title: _____ Email: _____

Email address for confirmation and receipt: _____

Please use additional registration forms if necessary.

Total Amount: \$ _____

Make checks payable to: **Colorado Coroners Association**
Mail completed form and check to: Colorado Coroners Association
P.O. Box 164
Kiowa, Colorado 80117

To use a credit card, fax your registration to: 303-646-0446

This portion of the form will be destroyed once your payment has been processed

Card # _____ Billing Zip Code: _____

Exp Date: _____ Verification # _____ Contact phone number: _____
(3 digits from back of card)