

Use this form if you prefer to pay by check

IACME Fall Meeting registration form

Name _____

Professional title as you wish it to appear on your name badge _____

Phone _____ Email _____

Office/clinic _____

Address _____

City _____ State _____ Zip _____ Date _____

ME-101 is an optional Friday morning course taught by staff of the Iowa Office of the State Medical Examiner. It is free for Fall Meeting registrants.

Do you plan to attend ME-101? Yes _____ No _____

Registration Fees (Choose one)

Physician member \$250 _____

Physician non-member \$400 _____

MEI or Associate member \$200 _____

MEI or Associate non-member \$350 _____

Student/Resident \$100 _____

Friday evening Annual Reception and Banquet

The Friday evening IACME reception and banquet are free for registrants. The cost for a guest is \$65.

Will you attend the reception and banquet? Yes _____ No _____

Number of guests _____

Number of vegetarian meals for you and/or guests _____

Total (Registration fee + \$65 for each banquet guest) _____

Please make your check payable to the Iowa Association of County Medical Examiners. Mail your check and this registration form to: IACME, PO Box 274, Boone, IA 50036