

2020 Skeletal Recovery Workshop Registration Form

STUDENT INFORMATION		
NAME: <i>(Please indicate if the name you go by is different than that to be printed on the certificate)</i>		
JOB TITLE:		
EMPLOYER:		
EMPLOYER'S ADDRESS:		
CITY:	STATE:	ZIP CODE:
E-MAIL:	PHONE:	
EMERGENCY CONTACT INFORMATION		
CONTACT NAME:		
RELATION:	PHONE:	
OTHER INFORMATION		
1. A portion of the field exercises will require kneeling, bending, walking on uneven terrain, and other physical activities. Do you have any medical conditions or physical limitations that the instructors should be aware of? (i.e., allergies, medications, injuries, back problems, etc.).		
2. What are your main responsibilities at work?		
3. Do you have any prior experience in grave excavations or cases of skeletal remains?		
4. Are you eligible for POST reimbursement? Yes No		
POST ID:		
5. T-Shirt Size:	XS	S
	M	L
	XL	2X
		3X

TO REGISTER, PLEASE SUBMIT THIS FORM TO BKIM@CORONER.LACOUNTY.GOV

ONCE YOU HAVE RECEIVED CONFIRMATION THAT THERE IS A SEAT AVAILABLE, PLEASE SEND A CHECK FOR \$744.00 PAYABLE TO "LOS ANGELES COUNTY DEPARTMENT OF MEDICAL EXAMINER-CORONER" TO THE FOLLOWING ADDRESS:

**ATTN: Lieutenant Brian Kim
Los Angeles County Department of Medical Examiner-Coroner
1102 North Mission Road
Los Angeles, CA 90033**