Kentucky Coroner's Association



2025 Conference Registration April 15 - 17, 2025

Holiday Inn – Hurstbourne, Louisville, KY
PLEASE COMPLETE ONE PER PERSON

COUNTY					
NAME					
Please write	year ele	cted or appoint	ed to office:		
CORONER			DEPUTY CORONER_		
Please write	year you	ı received:			
MASTER C	ORON	ER	ADVANCED CORONE	R	
MAILING A	ADDRE	SS:			
PHONE #		Office:			
E-MAIL AD	DRESS	_			
REGISTRA	TION I	EE:			
#	\$150	PRE-REGIST FULL CONFI	TRATION ERENCE (2 ½ DAYS)	TOTAL	\$
#	\$175		ION AT DOOR ERENCE (2 ½ DAYS)	TOTAL	\$
#	\$75	PARTIAL CO	ONFERENCE (1 DAY)	TOTAL	\$
TOTAL PA	YMEN	<u>T</u>			\$
Please make Mail to:	checks	payable to:	Kentucky Coroner's Ass Brian L. Ritchie, Exec. S P.O. Box 730 Lawrenceburg, KY 4034 502-839-5151	ec.)