



THE ROCKY MOUNTAIN DEATH INVESTIGATORS CONFERENCE

brought to you by the

Colorado Coroners Association

Wednesday, June 5th through Friday, June 7th, 2019

DoubleTree Hotel by Hilton

1775 E. Cheyenne Mountain Blvd., Colorado Springs, CO 80906
719.576.8900

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 our members.

2019 Conference Course Description

This program has been designed with all 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 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 2019 Annual Conference 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 \$139.00 per night, plus tax. After May 5, 2019, 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, 2019.

Course Cost

Registrations and payments that are **received on or before May 5, 2019** will be charged as follows:

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

(Credit card registrations will be charged \$10.50 per person. Electronic check registrations will be charged \$1)

Registrations and payments that are **received after May 5, 2019** will be charged as follows:

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

(Credit card registrations will be charged \$10.50 per person. Electronic check registrations will be charged \$1)

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

Guest Meals and Breaks

All guests must be registered, and their fee paid by May 5, 2019 in order to participate in breaks and meals.

Please note, payments received after 5:00 pm on May 5, 2019 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 31, 2019. 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, AATB and Colorado P.O.S.T.

Registration begins at 7:30 a.m. on Wednesday, June 5th
Sessions will begin at 8:00 a.m and end at approximately 5:00 p.m.
on Wednesday and Thursday, and at 2:00 p.m. on Friday.

Questions: Jenny Vien (970) 628.5151, Fax (719) 309.6625
Email: Coloradocoroners@gmail.com

**DoubleTree Hotel by Hilton
1775 E. Cheyenne Mountain Blvd.,
Colorado Springs, CO 80906
719.576.8900**

**Room Block Code: CCN Room Rate \$139.00/night (plus tax)
Make your reservation by Sunday, May 5, 2019**

Copy and paste the link below to make your online reservations

https://doubletree.hilton.com/en/dt/groups/personalized/C/COSP-DT-CCN-20190604/index.jhtml?WT.mc_id=POG

Group Code is CCN (yes, with an "N")

You can also call the hotel directly at 719.576.8900.

All reservations must be secured with a credit card.

Tax-exempt certificates must be submitted by May 5, 2019

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REGISTRATION FORM
(Members, Non-Members 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)