



Registration Form

National Association of Medical Examiners (NAME)

2025 NAME Annual Meeting & Exhibits, October 17 -21, 2025

Louisville Marriott Downtown, Louisville, Kentucky, USA

☐ In-Person Registration

☐ Livestream/Virtual Registration

	Rates End 8/31/2025 11:59PM	9/1/2025 – 10/6/2025 12PM ET***	10/1/2025 – 10/6/2025 12PM ET***
NAME Member Fee			
NAME Trainee Member Fee			
NAME Student Member Fee			
NAME Affiliate Trainee Member Fee		\$250	
Non-Members		\$1,450	\$1,800
Spouse/Guest		\$750	\$950

**BOOTH STAFF
FULL
CONFERENCE
REGISTRATION
TWO PER 8'X10' BOOTH PURCHASED**

***After 10/6/2025, you must register on-site at the Louisville Marriott Downtown. See the Online Pre-Registration Rates.

CME FEES	On or before 8/31/2025	After 8/31/2025
NAME Member Fee	\$100	\$150
Non-Member Fee	\$150	\$200

May we share your contact information with exhibitors so they can provide you with updates on the latest tools, technologies, and resources in forensic pathology and death investigation?

☐ Yes, exhibitors may contact me with resources and solutions related to forensic pathology.

☐ No, I prefer not to share my contact information with exhibitors at this time.

Name/Degree:

Position:

Department:

Organization:

Street Address

City/State/Zip

Country:

Email:

Telephone:

ABP ID:

Spouse/Guest Name:

DIETARY RESTRICTIONS (Required)

☐ None

☐ Vegetarian

☐ Vegan

☐ Dairy Free

☐ Peanuts/Tree Nut Allergy

☐ Seafood Allergy

(Including Shellfish)

OPTIONAL EVENTS/ACTIVITIES

Number	Additional Fees (In-Person Only)	Date	Fees Per Person
	Welcome Reception and Dinner**	10/17	\$85
	Navigating Governmental Affairs and Advocacy Breakfast Briefing	10/18	\$30
	Annual Rigor Run/Walk	10/18	\$30
	Randy Hanzlick Memorial Cadaver Open Golf Tournament Golfers Name(s):	10/18	\$95
	Learn to Lead During Evolving Times from Forensic Pathology Leaders Breakfast Workshop	10/20	\$30
	Voices: Amplify Elevate Celebrate Luncheon	10/20	\$70
	The Business of Forensic Pathology Breakfast	10/21	\$30
	NAME Awards Luncheon**	10/21	\$80

**Included with full registration. Cost is for additional tickets only.

IMPORTANT: Make checks payable to NAME. Registration form must include payment.

CANCELLATION POLICY: Cancellations received by August 31, 50% refunded. Cancellations received after August 31, no refunds will be made.

Meeting Registration \$ _____

Spouse/Guest Fee \$ _____

CME Fees \$ _____ Optional Meetings \$ _____

TOTAL \$ _____

Payment Information

☐ Check Enclosed (US Dollars) ☐ VISA ☐ MC ☐ AmEx

Credit Card # _____

Exp. Date _____ CVV _____

Name on Card _____

Signature _____

Denise D. McNally, Executive Director
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