

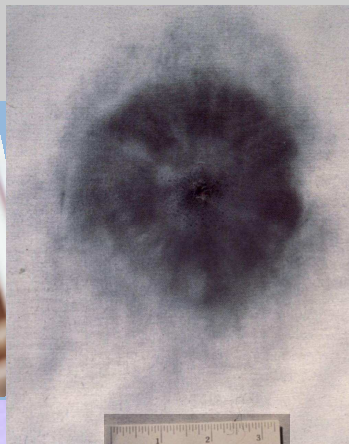
**MICHIGAN ASSOCIATION OF
MEDICAL EXAMINERS**

2010 FALL CME CONFERENCE

OCTOBER 22-24, 2010

SOARING EAGLE RESORT

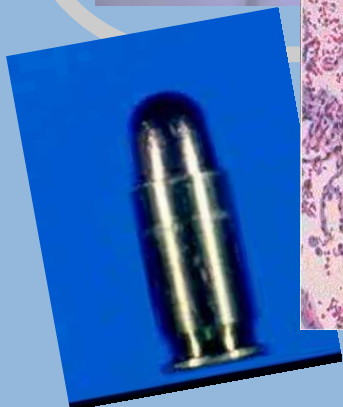
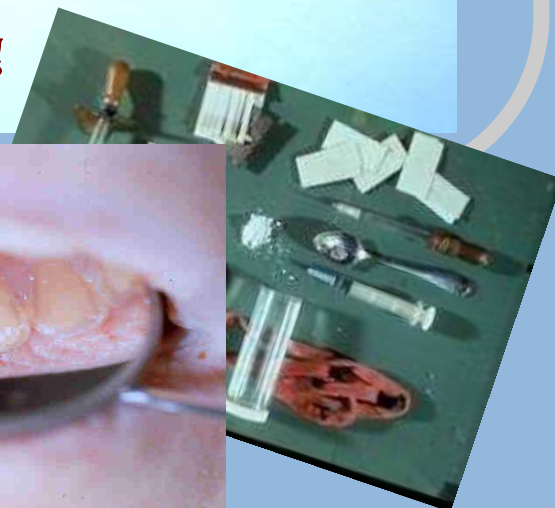
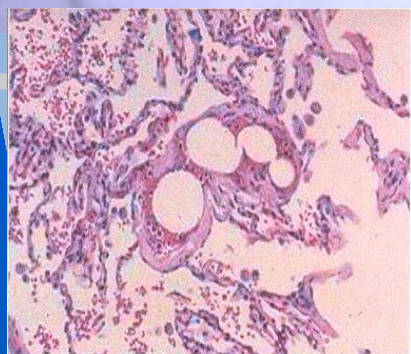
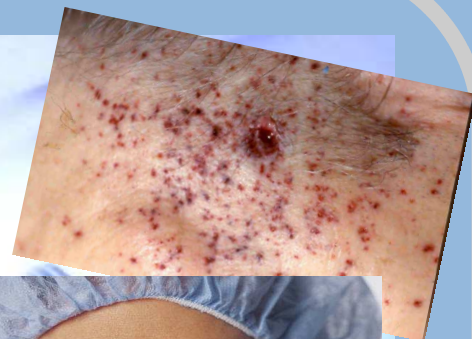
MT. PLEASANT, MI



INVITE YOUR COLLEAGUES! - MEDICAL EXAMINERS, MEDICAL EXAMINER INVESTIGATORS, PATHOLOGISTS, PATHOLOGY RESIDENTS, FORENSIC SCIENTISTS, FORENSIC SCIENCE STUDENTS & MEMBERS OF LAW ENFORCEMENT ARE WELCOME!

REGISTRATION FORM INSIDE!

TO JOIN NOW AS A MAME MEMBER FOR DISCOUNTED MEETING RATES AND OTHER BENEFITS, MEMBERSHIP APPLICATION INSIDE!





MICHIGAN ASSOCIATION OF MEDICAL EXAMINERS (MAME)

Is the state professional organization of medical examiners, deputy medical examiners, pathologists who perform autopsies for county medical examiners, medical examiner investigators, medical examiner office administrators, forensic scientists and other professionals working within or otherwise affiliated with a county medical examiner system in Michigan.

MAME is a non-profit organization whose mission includes fostering the professional growth of death investigators as well as the dissemination of professional and technical information essential to the continued improvement of the medical investigation of sudden, unexpected or violent deaths in Michigan. MAME seeks to promote excellence in the daily activities of county medical examiner offices and to improve the interaction of county medical examiner systems with other legal and political entities within each county and throughout the state.

MAME ANNUAL CONFERENCE:

The educational activities of MAME are carried out at the annual two and one-half day meeting each October. The meeting's sessions provide education and instruction on subjects of medicolegal interest by local and national forensic scientists, death investigators and specialist in related fields. Past meetings have included presentations on mass fatality preparedness, abusive head trauma, forensic anthropology, linguistic interviewing techniques, the medical examiner as expert witness and how to use a camera. Attendees can earn CME, CEUs and EMS CE (In addition, the conference is MCOLES certified.) The Annual Conference is also a great way to meet other medical examiners and medicolegal death investigators from around the state and the nation.

MAME MEMBERSHIP:

Active membership is open to all county medical examiners and deputy medical examiners, pathologists who perform autopsies for county medical examiners or are active in other areas of forensic pathology and to persons holding a Doctorate degree in an allied field related to medicolegal death investigation and who have an established relationship with a county medical examiner system.

Associate membership is open to MAME members no longer affiliated with a county medical examiner system and to physicians currently in an accredited training program.

Affiliate membership is open to individuals within a county medical examiner system not otherwise eligible for Active or Associate membership. Affiliate members must be recommended for membership by the county medical examiner responsible for their professional activities.

MAME MEMBERSHIP APPLICATION—Please fill out completely & return with payment. You may also be asked for a copy of your CV and a letter of recommendation.

I am applying for: **ACTIVE - \$100** **ASSOCIATE - \$50** **AFFILIATE - \$25**

Name: _____ MD/DO/PhD/Other: _____

Birthdate: ____/____/____ Medical License # _____

County/Agency Affiliation: _____ Time w/ County/Agency: _____

Official Title: _____

Preferred Mailing Address: _____ Home or Office? _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Director: _____

University, Medical School or Training Program: _____

Year(s) Graduated: _____ Degree(s) Obtained: _____

For Physicians: Residency Training Program: _____

Fellowship Training Program: _____

Board Certifications: Forensic Pathology (Year: _____) Anatomic Pathology (Year: _____)

Clinical Pathology (Year: _____) Other: _____ (Year: _____)

Reference for Active/Associate applicants or name of medical examiner/director of affiliated county/agency for affiliate applicants:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please include appropriate payment for membership representing first year's dues, payable to MAME with this application.

I have enclosed check # _____. Please charge _____ to my: Visa Mastercard

CC#: _____ Exp Date: _____

Name As It Appears On Card: _____

Credit Card Statement Billing Address: _____

City: _____ State: _____ Zip: _____

I hereby make application for membership in the Michigan Association of Medical Examiners. I hereby agree to abide by the Bylaws of the Association. I hereby agree to revocation of my membership in the event that any of the statements hereinafter made by me are found to be false, and to hold the Michigan Association of Medical Examiners and its members, officers and agents free from any damage or complaint in connection with this application.

Signed: _____ Date: _____

Please mail application with payment to: MAME * 120 W. Saginaw St. * E. Lansing, MI 48823 Or fax to: 517-336-5797

REGISTRATION FORM

Michigan Association of Medical Examiners 2010 Fall CME Conference October 22-24, 2010 Soaring Eagle Resort * Mt. Pleasant, MI

ID #: _____
Name: _____ Credentials (MD, DO, PhD, etc.): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

According to our membership records, we show that your membership status is:
(If you would like to join MAME and qualify for the discounted meeting rates, please also fill out the membership form on the reverse side of this page & return with payment for both.)

REGISTRATION FEES:

Entire Weekend—Members \$250
The Saturday evening banquet is included as part of your registration fee as a benefit of registering for the entire weekend, however, we do still need a head count for how many will be attending, please mark the box below if you plan to attend.

Will attend Saturday Banquet.

Entire Weekend—NonMembers \$375
The Saturday evening banquet is included as part of your registration fee as a benefit of registering for the entire weekend, however, we do still need a head count for how many will be attending, please mark the box below if you plan to attend.

Will attend Saturday Banquet.

Friday Only—Members \$140

Friday Only—NonMembers \$200

Saturday Only—Members *\$140
**This fee does not include the banquet Saturday night. If you wish to attend, it is an additional \$55, and please mark the box below.*

Additional payment to attend banquet. \$55

Saturday Only—NonMembers *\$200
**This fee does not include the banquet Saturday night. If you wish to attend, it is an additional \$55, and please mark the box below.*

Additional payment to attend banquet. \$55

Sunday Only—Members \$70

Sunday Only—NonMembers \$100

SATURDAY BANQUET GUEST \$55

Total: _____ Check # _____

Visa MC AmEX

Credit Card Number Exp Date

Signature

Please make checks payable to MAME.
Registration fee and membership payment can be combined on one check.

Please mail form & payment to: MAME * 120 W
Saginaw St * East Lansing, MI 48823

Or fax to: 517-336-5797

Don't forget to make your hotel reservation. Fill out the form on the following page and fax it directly to hotel. They will not accept phone reservations. They sold out last year so be sure to reserve your room by **September 30, 2010.**



To reserve your overnight accommodations or modify an existing reservation, please complete this form and fax or mail it by **September 30, 2010**. **(PHONE RESERVATIONS WILL NOT BE ACCEPTED)** to: Soaring Eagle Casino and Resort, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858, Attention: Room Reservations, FAX # (989) 775-5686. Please print your information clearly. You may also reserve accommodations at www.soaringeaglecasino.com, On-Line Reservations, Group Code: **9806R2** For prompt confirmation, please completely fill out form.

Michigan Association of Medical Examiners

Arrive: Thursday, October 21, 2010 - Depart: Sunday, October 24, 2010

Name of guest(s) occupying the room: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Daytime () _____ Fax #: () _____

Arrival Date: _____ Departure Date: _____

Player's Club Number _____ E-Mail Address: _____

Please list the room type you would prefer (Please mark 1st and 2nd choice)

Smoking and Non-Smoking rooms are available, however, we cannot guarantee which type you will receive. We will do our best to accommodate all of your requests. ****Rates quoted are per night.****

_____ (\$139.00) First Class Room – 1 King Bed
 _____ (\$139.00) First Class Room – 2 Queen Beds

There will be a \$10.00 per person charge nightly for the third and fourth person in a room over the age of 6.

All rates are subject to increase as a result of any applicable Tribal tax.

With the following requests:

_____ Smoking _____ Non-Smoking _____ Barrier Free Room _____ Hearing Accessible Room

How many adults in room? _____ How many children? _____ Ages _____

All reservations must be guaranteed with a deposit; either a check or credit card for one night's lodging along with this form. If you are using a credit card, your card will be charged for the deposit at the time this reservation is made.

Credit Card Number: _____

(Diners Club)

Expiration Date: _____ Type of Card (MC/Visa/Amer Exp): _____

Bill Credit Card for all nights? _____ Yes _____ No, 1st night only

Name of Cardholder: _____

Signature: _____

You will receive a confirmation letter within 7-10 business days at the address listed above. If you would like your confirmation letter faxed to you instead, please list the appropriate fax number and check the box next to it. You should receive your faxed confirmation letter within 72 hours.

Please make sure your reservation request reaches the Resort by the date listed above to apply for a room that is held by the Group Block. After the date listed above, or should the Group Block be filled, rooms will be reserved based on availability. Group rates cannot be guaranteed. Reservations cancelled by 6:00 p.m., 3 days prior to arrival, will receive a full refund.

Check-In time is after 4:00 p.m.

Check-Out time is 11:00 a.m.

*****Please, One (1) room reservation per Group Reservation Request Form**



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2010 FALL CME CONFERENCE
OCTOBER 22-24, 2010**

YOU WON'T WANT TO MISS IT!

**SOARING EAGLE RESORT
MT. PLEASANT, MI**

Michigan Association of Medical Examiners
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East Lansing, MI 48823