Registration Form

National Association of Medical Examiners (NAME)
2026 NAME Annual Meeting & Exhibits, October 16 -20, 2026
Sheraton Kansas City Hote at Crown Center, Kansas City, Missouri
❒ In-Person Registration **❒ Livestream/Virtual Registration**

	Rates End 8/31/2	0/1/2026 – 0/6/2026 PM ET*** SITE 026 – 026
NA Tra		
NAM Mem		
NAME Student		$350
NAME Af Trainee M		$350
Non-Membe	$1,550	$1,900
Spouse/Gue	$850	$1,050

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

***After 10/6/20 please plan to register on-site at the Louisville Marriott Downtown at the Online Pre-Registration Rates.*

CME FEES	On or before 8/31/2026	After 8/31/2026
NAME Member Fee	$100	$150
Non-Member Fee	$150	$200

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/ACTIVITES

Number	Additional Fees (In-Person Only)	Date	Fees Per Person
	*Welcome Reception and Dinner***	*10/16*	*$95*
	Navigating Governmental Affairs and Advocacy Breakfast Briefing	*10/17*	*$30*
	Annual Rigor Run/Walk	*10/18*	*$30*
	Randy Hanzlick Memorial Cadaver Open Golf Tournament Golfers Name(s):	*10/18*	*$85*
	Learn to Lead During Evolving Times from Forensic Pathology Leaders Breakfast Workshop	*10/19*	*$30*
	Voices: Amplify Elevate Celebrate Luncheon	*10/19*	*$70*
	The Business of Forensic Pathology Breakfast	*10/20*	*$30*
	*NAME Awards Luncheon***	*10/20*	*$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
National Association of Medical Examiners • 15444 Chinnereth Est, Savannah, MO 64485