



MAIL-IN REGISTRATION FORM

Fall 2020 Series

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Professional ID (if needed for CE credit): _____

Type of CE credit sought: _____

September 25 Forensic Fridays _____

November 12-13 Annual Symposium _____
(20% Discount if received by October 1)

December 8 Ethics for Breakfast _____

PAYMENT SUMMARY *(Please see website for fee schedule)*

Registration fee _____

TOTAL DUE _____

I have enclosed: Check ____ **Money Order** ____

Make payable to Duquesne University and mail to: The Cyril H. Wecht Institute of Forensic Science & Law
Duquesne University
Attn: Ben Wecht
Room 320 Fisher Hall
600 Forbes Avenue
Pittsburgh, PA 15282