Memorandum

To: Hardy Crunk, Purchasing

CC: Alex Breeland, Coroner

From: Kathy Smith, DMEI

Date: 11/12/2013

Re: Ms Coroner/Medical Examiners 2014 Winter Conference – January 8,9,10, 2014

Please have a check issued to Gracie Grant-Gulledge, Secretary-Treasurer, Mississippi Coroner Medical Examiner Association, P.O. Box 248, Batesville, MS 38606 in the amount of \$1050.00 to cover the cost of registration (\$750.00) and Annual Dues of (\$300.00). Please send the check along with the 6 sheets of documentation for us to Ms. Gulledge.

This is the breakdown.

Alex Breeland, Seminar 250.00, Dues 100.00, Total of 350.00 Kathryn Smith, Seminar 250.00, Dues 100.00, Total of 350.00 Joel Shows, Seminar 250.00, Dues 100.00, Total of 350.00 Grand Total \$1,050.00

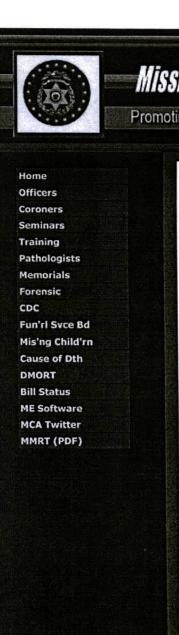
There are no hotel fees since we will not be staying at the hotel. Please let me know when this has been taken care of.

Thank you.

Sincerely,

Nathryn M. Smith, DMEI

/s



Mississippi Coroner-Medical Examiner Association

Promoting the professionalism of Mississippi's Coroner/Medical Examiners

SEMINARS/CONFERENCES



Mississippi Coroner/Medical Examiners

2014 Winter Conference

January 8, 9, & 10, 2014



Jackson Hilton 1001 East County Line Road Jackson, MS 39211

601-957-2800

Room Rate: \$121 per day

Cut-off data for reservations: December 9, 2013

Please use Group Code: COR

REGISTRATION

Non-Members - \$350

Members - \$250

plus \$100 for those who have
not paid their 2014 membership
dues (due Jan. 1, 2014) for you to qualify as a
member.



2014 Winter Conference Registration Form

Non-member\$350.00

 $Member \dots \$250.00 \ plus \ \$100.00 \ {\tt membership}$

dues for those who have not paid membership dues due January 1st of each year

Conference fee DOES NOT include lodging

PLEASE COMPLETE THIS FORM WITH YOUR KEYBOARD, PRINT AND RETURN WITH YOUR PAYMENT TO:

MS CORONER/MEDICAL EXAMINER ASSOCIAITON

P.O. BOX 248

BATESVILLE, MS 38606

ATTN: GRACIE GRANT-GULLEDGE

NAME Kathryn M. Smith	
WORK PHONE 601-859-8912	CELL PHONE 601-260-1925
E-MAIL ksmithpa@bellsouth.net	
COUNTY/TITLE Madison DMEI	

Mississippi Coroner/Medical Examiner Associationj

Gracie Grant-Gulledge, Secretary/Treasure

PO Box 248

Batesville, MS 38606

Subject: Mississippi Coroner/Medical Examiner Association Dues

All Mississippi Coroners/Medical Examiners wishing to join the Mississippi Coroner/Medical Examiner Association should fill out an application and submit to the Mississippi Coroner/Medical Examiner Association.

Application

Name Kathryn	M Smith		Title (CMEI/DMEI) DMEI
Address 415 S	outh Union Street		
CityCanton		Zip	39046
	601-859-8912		
County	Madison		
Email address	ksmithpa@bellsouth.net		

Dues \$100.00 per member

Please fill out an application for each member and return with payment.

Please make checks payable to: Mississippi Coroner/Medical Examiner Association

Feel free to contact me for any question: Gracie Grant-Gulledge, 662-609-2864 or email gggulledge@hotmail.com.

NOTE: Dues are payable January 1st of each year.

Complete this form using your keyboard, then print, attach check and mail to above address.



2014 Winter Conference Registration Form

Non-member\$350.00

Member\$250.00 plus \$100.00 membership

dues for those who have not paid membership dues due January 1st of each year

Conference fee DOES NOT include lodging

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MS CORONER/MEDICAL EXAMINER ASSOCIAITON

P.O. BOX 248

BATESVILLE, MS 38606

ATTN: GRACIE GRANT-GULLEDGE

NAME ALEX BREELAND		
WORK PHONE 601-859-3661	CELL PHONE 601-672-5093	
E-MAIL alexbreeland@bellsouth.net		
COUNTY/TITLE MADISON CME		

Mississippi Coroner/Medical Examiner Associationj

Gracie Grant-Gulledge, Secretary/Treasure

PO Box 248

Batesville, MS 38606

Subject: Mississippi Coroner/Medical Examiner Association Dues

All Mississippi Coroners/Medical Examiners wishing to join the Mississippi Coroner/Medical Examiner Association should fill out an application and submit to the Mississippi Coroner/Medical Examiner Association.

Application

Name Alex Bro	eeland		Title (CMEI/DMEI) CMEI
Address P.O. E	371 Sox 371		
CityCanton		_Zip_	39046-0371
	601-672-5093		
County	Madison		
Email address_	alexbreeland@bellsouth.net		

Dues \$100.00 per member

Please fill out an application for each member and return with payment.

Please make checks payable to: Mississippi Coroner/Medical Examiner Association

Feel free to contact me for any question: Gracie Grant-Gulledge, 662-609-2864 or email gggulledge@hotmail.com.

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Non-member\$350.00

Member\$250.00 plus \$100.00 membership

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MS CORONER/MEDICAL EXAMINER ASSOCIAITON

P.O. BOX 248

BATESVILLE, MS 38606

ATTN: GRACIE GRANT-GULLEDGE

NAME JOEL SHOWS		
WORK PHONE 601-209-3129 CELL PHONE 601-573-2648		
E-MAIL JSHOWS@MMRCREHAB.ORG		
COUNTY/TITLE DMEI		

Mississippi Coroner/Medical Examiner Associationj

Gracie Grant-Gulledge, Secretary/Treasure

PO Box 248

Batesville, MS 38606

Subject: Mississippi Coroner/Medical Examiner Association Dues

All Mississippi Coroners/Medical Examiners wishing to join the Mississippi Coroner/Medical Examiner Association should fill out an application and submit to the Mississippi Coroner/Medical Examiner Association.

Application

Name JOEL S	HOWS		Title (CMEI/DMEI) DMEI
	T AUGUSTINE DRIVE		
	N	Zin	39110
	601-573-2648]	
	MADISON]	
Email address_	JSHOWS@MMRCREHAB.ORG		
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Dues \$100.00 per member

Please fill out an application for each member and return with payment.

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Feel free to contact me for any question: Gracie Grant-Gulledge, 662-609-2864 or email gggulledge@hotmail.com.

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