



NYSACCME

4721 Pine Hill Road, Albion, New York 14411
Telephone (585)589-5410 - Fax (585)589-5410

nysaccme@rochester.rr.com www.nysaccme.org

CORONER 101

Saturday, February 8, 2020

8:00 am – 5:30 pm

Crowne Plaza Hotel – Syracuse, New York

REGISTRATION FORM

Name _____ Title _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____
E-Mail Address _____
Representing (County) _____

RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE AND MUST BE RECEIVED NO LATER THAN Friday, January 17, 2020.

Package 1: (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ 200
• No lodging - Commuter
• Saturday breakfast, AM & PM breaks, lunch

Package 2: (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ 350
• Friday night lodging
• Saturday breakfast, AM & PM breaks, lunch

Package 3: (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ 350
• Saturday night lodging
• Saturday breakfast, AM & PM breaks, lunch

Package 4: (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ 500
• Friday and Saturday night lodging
• Saturday breakfast, AM & PM breaks, lunch

**Please send full payment (check or money order) with Registration Form.
County Vouchers are no longer accepted in lieu of payment.
Make a copy of this form and your check/MO; it is your receipt to submit to your county for reimbursement, if applicable.**

**\$25 Service Charge will apply for checks returned for Non-Sufficient Funds (NSF)
(NON-REFUNDABLE CANCELLATION FEE - \$100)**

**CANCELLATIONS MUST BE DONE THROUGH THE NYSACCME OFFICE.
THERE WILL BE CANCELLATION CHARGES FOR ROOM RESERVATIONS CANCELLED WITH LESS THAN
48 HOUR NOTICE AND MEAL PACKAGE WITH LESS THAN A WEEK PRIOR TO CORONER 101.**

I have read and agreed to the terms specified above: _____

Registrant's Signature

FOR OFFICE USE ONLY

Total paid \$ _____ Check Number _____

10/19 sjc