



**NYSACCME**

4721 Pine Hill Road, Albion, New York 14411  
Telephone (585)589-5410 - Fax (585)589-5410  
[nysaccme@rochester.rr.com](mailto:nysaccme@rochester.rr.com)      [www.nysaccme.org](http://www.nysaccme.org)

Fall 2011 Conference  
"Strange & Bizarre"  
Friday, September 16 –  
Sunday, September 18, 2011  
Villa Roma – Callicoon, NY

**REGISTRATION FORM**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Representing (County/Organization) \_\_\_\_\_ (Funeral Home) \_\_\_\_\_

**RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE  
AND MUST BE RECEIVED NO LATER THAN Friday, August 5, 2011.**

**Package 1: NYSACCME MEMBER: \$550      NON-MEMBER: \$650      \$ \_\_\_\_\_**

- Friday and Saturday night lodging
- Friday night dinner (must be seated by 8:30 p.m. to be served dinner)
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

**If applicable: Spouse/guest weekend meal package: \$150      \$ \_\_\_\_\_**  
**Spouse/guest Saturday dinner only: \$45      \$ \_\_\_\_\_**

**TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ \_\_\_\_\_**

**Package 2: NYSACCME MEMBER: \$370      NON-MEMBER: \$470      \$ \_\_\_\_\_**

- Saturday night lodging
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

**If applicable: Spouse/guest weekend meal package: \$120      \$ \_\_\_\_\_**  
**Spouse/guest Saturday dinner only: \$45      \$ \_\_\_\_\_**

**TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ \_\_\_\_\_**

**Package 3: NYSACCME MEMBER: \$220      NON-MEMBER: \$320      \$ \_\_\_\_\_**

- No lodging (commuter)
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

**If applicable: Spouse/guest weekend meal package: \$120      \$ \_\_\_\_\_**  
**Spouse/guest Saturday dinner only: \$45      \$ \_\_\_\_\_**

**TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ \_\_\_\_\_**

**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 insufficient funds  
(NON-REFUNDABLE FEE: Member-\$100 / Non-Member-\$200)**  
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**CANCELLATIONS MUST BE DONE THROUGH THE NYSACCME OFFICE.  
THERE WILL BE CANCELLATION CHARGES (ROOM AND FOOD) FOR  
RESERVATIONS CANCELLED WITH LESS THAN 48 HOUR NOTICE.**  
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*I have read and agreed to the terms specified above:* \_\_\_\_\_  
*Registrant's Signature*

FOR OFFICE USE ONLY: Total paid \$ \_\_\_\_\_ Check Number \_\_\_\_\_ 0611/sje