



NYSACCME

4721 Pine Hill Road, Albion, New York 14411
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Fall 2019 Conference
"The Good, The Bad and
The Elderly"
Friday, September 20 –
Sunday, September 22, 2019
Hyatt House
Fishkill, 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 9, 2019.**

Package 1: NYSACCME MEMBER: \$575 NON-MEMBER: \$675 \$ _____
• Friday and Saturday night lodging
• Saturday breakfast, breaks, lunch, dinner
• Sunday breakfast, break
If applicable: Spouse/guest weekend meal package: \$175 \$ _____
Spouse/guest Saturday dinner only: \$50 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 2: NYSACCME MEMBER: \$425 NON-MEMBER: \$525 \$ _____
• Saturday night lodging
• Saturday breakfast, breaks, lunch, dinner
• Sunday breakfast, break
If applicable: Spouse/guest weekend meal package: \$175 \$ _____
Spouse/guest Saturday dinner only: \$50 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 3: NYSACCME MEMBER: \$275 NON-MEMBER: \$375 \$ _____
• No lodging (commuter)
• Saturday breakfast, breaks, lunch, dinner
• Sunday breakfast, break
If applicable: Spouse/guest weekend meal package: \$175 \$ _____
Spouse/guest Saturday dinner only: \$50 \$ _____
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 Non-Sufficient Funds (NSF)
(NON-REFUNDABLE CANCELLATION FEE: Member-\$100 / Non-Member-\$200)**
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**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 CONFERENCE.**
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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 _____ 06/19 sje