NYSACCME

6179 Middle Rd Munnsville , New York 13409
Telephone 315-750-6997
tgreenwood@nysaccme.org www.nysaccme.org

Fall Conference
Friday, September 24
Sunday, September 26, 2021
Crowne Plaza
Syracuse, 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 September 10, 2021

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)

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.

I have read and agreed to the terms specified above:_____
Registrant's Signature

FOR OFFICE USE ONLY: Total paid $_____ Check Number _____ 07/21 tg