



NYSACCME

6179 Middle Rd. Munnsville, New York 13409

Telephone (315)750-6997

www.nysaccme.org tgreenwood@nysaccme.org

Fall 2021
Friday, September 24 –
Sunday, September 26, 2021
Crowne Plaza
Syracuse, NY

EXHIBIT BOOTH REGISTRATION FORM

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

**RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE
AND MUST BE RECEIVED NO LATER THAN September 10,2021**

Exhibit Booth Fee - 1 table, 2 chairs (fee varies according to space needed) \$ 300.00

*****If exhibitor is a conference sponsor* for a minimum of \$500, the Exhibit Booth Fee is waived.**

***If your organization is a conference sponsor, please indicate what area,
i.e. Breakfasts, Breaks, Hospitality Suite, Cocktail Hour, etc. _____
and enter amount of sponsorship \$ _____**

Please "x" here to acknowledge that your organization will be making arrangements directly with the hotel if you are sponsoring the Cocktail Hour or After-Dinner Social.

IF EXHIBITOR IS NOT ATTENDING CONFERENCE SESSIONS, FILL IN APPROPRIATE BOX:

| | |
|---|-------------------------|
| Package 1: | \$ <u>475.00</u> |
| <ul style="list-style-type: none"> • 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 | \$ _____ |
| AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) | \$ _____ |

| | |
|--|-------------------------|
| Package 2: | \$ <u>325.00</u> |
| <ul style="list-style-type: none"> • 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 | \$ _____ |
| AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) | \$ _____ |

| | |
|---|-------------------------|
| Package 3: | \$ <u>175.00</u> |
| <ul style="list-style-type: none"> • 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 | \$ _____ |
| AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) | \$ _____ |

IF EXHIBITOR IS ATTENDING CONFERENCE SESSIONS, FILL IN APPROPRIATE BOX:

| | | | |
|-------------------|---|--------------------------|-----------------|
| Package 1: | NYSACCME MEMBER: \$575 | NON-MEMBER: \$675 | \$ _____ |
| | <ul style="list-style-type: none"> • 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 | \$ _____ |
| | AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) | | \$ _____ |

| | | | |
|-------------------|--|--------------------------|-----------------|
| Package 2: | NYSACCME MEMBER: \$425 | NON-MEMBER: \$525 | \$ _____ |
| | <ul style="list-style-type: none"> • 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 | \$ _____ |
| | AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) | | \$ _____ |

| | | | |
|-------------------|---|--------------------------|-----------------|
| Package 3: | NYSACCME MEMBER: \$275 | NON-MEMBER: \$375 | \$ _____ |
| | <ul style="list-style-type: none"> • 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 | \$ _____ |
| | AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) | | \$ _____ |

\$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 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 _____

7/5/21tg