



NYSACCME

6179 Middle Rd, Munnsville NY 13409

Phone (315)750-6997

Email: tgreenwood@nysaccme.org

CORONER 101

Friday, March 21th 8:00 am -5:30 pm

Ft. William Henry, Lake George NY

REGISTRATION FORM

Name _____ Title _____
Address _____ Telephone _____
City _____ State _____ Zip code _____
Email _____
Representing (County) _____

RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE & MUST BE **POSTMARKED NO LATER THAN March 3rd, 2025** 50.00 will be added if after date. Check or money order.

- Package 1: No lodging -Commuter \$225.00
Friday Breakfast, AM & PM breaks and, Lunch
- Package 2: Thursday Night Lodging \$375.00
Friday, breakfast, AM & PM breaks, Lunch
- Package 3: Friday Night Lodging \$375.00
Friday, breakfast AM & PM breaks, Lunch
- Package 4: Thursday and Friday Lodging \$525.00
Friday, breakfast AM & PM breaks, Lunch

Please send full payment (check or money order) with Registration form **50.00 off if attending Conference** County vouchers are no longer accepted, please take a copy for your records as it is your receipt.

Nonrefundable cancellation fee -100.00 All cancellation must be made through NYSACCME office there will cancellation charges for room reservations cancelled with less than 48 hour notice and meal package with less than one week notice.

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

