



# NYSACCME

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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**

<b>Package 1:</b>	<b>NYSACCME MEMBER: \$575</b>	<b>NON-MEMBER: \$675</b>	<b>\$ _____</b>
<ul style="list-style-type: none"> <li>• Friday and Saturday night lodging</li> <li>• Saturday breakfast, breaks, lunch, dinner</li> <li>• Sunday breakfast, break</li> </ul>			
<b>If applicable: Spouse/guest weekend meal package:</b>			<b>\$ _____</b>
<b>Spouse/guest Saturday dinner only:</b>			<b>\$ _____</b>
<b>TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____</b>			

<b>Package 2:</b>	<b>NYSACCME MEMBER: \$425</b>	<b>NON-MEMBER: \$525</b>	<b>\$ _____</b>
<ul style="list-style-type: none"> <li>• Saturday night lodging</li> <li>• Saturday breakfast, breaks, lunch, dinner</li> <li>• Sunday breakfast, break</li> </ul>			
<b>If applicable: Spouse/guest weekend meal package:</b>			<b>\$ _____</b>
<b>Spouse/guest Saturday dinner only:</b>			<b>\$ _____</b>
<b>TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____</b>			

<b>Package 3:</b>	<b>NYSACCME MEMBER: \$275</b>	<b>NON-MEMBER: \$375</b>	<b>\$ _____</b>
<ul style="list-style-type: none"> <li>• No lodging (commuter)</li> <li>• Saturday breakfast, breaks, lunch, dinner</li> <li>• Sunday breakfast, break</li> </ul>			
<b>If applicable: Spouse/guest weekend meal package:</b>			<b>\$ _____</b>
<b>Spouse/guest Saturday dinner only:</b>			<b>\$ _____</b>
<b>TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____</b>			

**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 \_\_\_\_\_ 07/21 tg