



# NYSACCME

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Fall 2022  
Friday, September 23–  
Sunday, September 25 2022  
Villa Roma  
Callicoon, 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 10,2022**

**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:**

<b>Package 1:</b>	<b>\$ <u>475.00</u></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: \$175</b>	\$ _____
<b>Spouse/guest Saturday dinner only: \$50</b>	\$ _____
<b>AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)</b>	<b>\$ _____</b>

<b>Package 2:</b>	<b>\$ <u>325.00</u></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: \$175</b>	\$ _____
<b>Spouse/guest Saturday dinner only: \$50</b>	\$ _____
<b>AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)</b>	<b>\$ _____</b>

<b>Package 3:</b>	<b>\$ <u>175.00</u></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: \$175</b>	\$ _____
<b>Spouse/guest Saturday dinner only: \$50</b>	\$ _____
<b>AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)</b>	<b>\$ _____</b>

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

<b>Package 1:</b> NYSACCME MEMBER: \$575      NON-MEMBER: \$675      \$ _____ <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: \$175</b> \$ _____ <b>Spouse/guest Saturday dinner only: \$50</b> \$ _____ <b>AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)</b> \$ _____
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<b>Package 2:</b> NYSACCME MEMBER: \$425      NON-MEMBER: \$525      \$ _____ <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: \$175</b> \$ _____ <b>Spouse/guest Saturday dinner only: \$50</b> \$ _____ <b>AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)</b> \$ _____
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<b>Package 3:</b> NYSACCME MEMBER: \$275      NON-MEMBER: \$375      \$ _____ <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: \$175</b> \$ _____ <b>Spouse/guest Saturday dinner only: \$50</b> \$ _____ <b>AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)</b> \$ _____
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**\$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.**  
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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 \_\_\_\_\_

7/5/21tg