NYSACCME

4721 Pine Hill Road, Albion, New York 14411
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Fall 2011 Conference
"Strange & Bizarre"
Friday, September 16 –
Sunday, September 18, 2011
Villa Roma – Callicoon, 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 Friday, August 5, 2011.

Package 1: NYSACCME MEMBER: $550 NON-MEMBER: $650 $ _____

- Friday and Saturday night lodging
- Friday night dinner (must be seated by 8:30 p.m. to be served dinner)
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

If applicable: Spouse/guest weekend meal package: $150 $ _____
Spouse/guest Saturday dinner only: $45 $ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) $ _____

Package 2: NYSACCME MEMBER: $370 NON-MEMBER: $470 $ _____

- Saturday night lodging
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

If applicable: Spouse/guest weekend meal package: $120 $ _____
Spouse/guest Saturday dinner only: $45 $ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) $ _____

Package 3: NYSACCME MEMBER: $220 NON-MEMBER: $320 $ _____

- No lodging (commuter)
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

If applicable: Spouse/guest weekend meal package: $120 $ _____
Spouse/guest Saturday dinner only: $45 $ _____
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 insufficient funds
(NON-REFUNDABLE FEE: Member-$100 / Non-Member-$200)

CANCELLATIONS MUST BE DONE THROUGH THE NYSACCME OFFICE.
THERE WILL BE CANCELLATION CHARGES (ROOM AND FOOD) FOR RESERVATIONS CANCELLED WITH LESS THAN 48 HOUR NOTICE.

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

FOR OFFICE USE ONLY: Total paid $_____ Check Number _____ 0611/sje