



NYSACCME

4721 Pine Hill Road, Albion, New York 14411
Telephone (585)589-5410 - Fax (585)589-5410
nysaccme@rochester.rr.com www.nysaccme.org

Fall 2013 Conference
"Tools of the Trade"
Friday, September 20 –
Sunday, September 22, 2013
RIT Inn and Conference Center
Henrietta, 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 9, 2013.**

Package 1:	NYSACCME MEMBER: \$550	NON-MEMBER: \$650	\$ _____
<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:			\$ _____
Spouse/guest Saturday dinner only:			\$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____			

Package 2:	NYSACCME MEMBER: \$400	NON-MEMBER: \$500	\$ _____
<ul style="list-style-type: none"> • Saturday night lodging • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 			
If applicable: Spouse/guest weekend meal package:			\$ _____
Spouse/guest Saturday dinner only:			\$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____			

Package 3:	NYSACCME MEMBER: \$250	NON-MEMBER: \$350	\$ _____
<ul style="list-style-type: none"> • No lodging (commuter) • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 			
If applicable: Spouse/guest weekend meal package:			\$ _____
Spouse/guest Saturday dinner only:			\$ _____
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 _____ 0613/sje