NYSACCME

4721 Pine Hill Road, Albion, New York 14411
Telephone (585)589-5410 - Fax (585)589-5410
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Fall 2015 Conference
"Decomposition & Anthropology"
Friday, September 18, –
Sunday, September 20, 2015
Woodcliff Hotel and Spa
Fairport, 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 7, 2015.

Package 1: NYSACCME MEMBER: $575 NON-MEMBER: $675 $ _____

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

If applicable: Spouse/guest weekend meal package: $175 $ _____
Spouse/guest Saturday dinner only: $50 $ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) $ _____

Package 2: NYSACCME MEMBER: $425 NON-MEMBER: $525 $ _____

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

If applicable: Spouse/guest weekend meal package: $175 $ _____
Spouse/guest Saturday dinner only: $50 $ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) $ _____

Package 3: NYSACCME MEMBER: $275 NON-MEMBER: $375 $ _____

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

If applicable: Spouse/guest weekend meal package: $175 $ _____
Spouse/guest Saturday dinner only: $50 $ _____
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 _____ 06/15/sje