



# NYSACCME

4721 Pine Hill Road, Albion, New York 14411  
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Fall 2016 Conference  
"Legal Issues"  
Friday, September 16, –  
Sunday, September 18, 2016  
Holiday Valley Mountain Resort  
and Conference Center  
Ellicottville, 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, 2016.**

**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)**

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**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.**  
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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 \_\_\_\_\_ 06/16 sje