



NYSACCME

4721 Pine Hill Road, Albion, New York 14411
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Spring 2010 Conference "Childhood Fatalities"

Friday, March 19 – Sunday, March 21, 2010
Binghamton Regency – Binghamton, New York

REGISTRATION FORM

Name _____ Title _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____
E-Mail Address _____
Representing (County) _____ (Funeral Home) _____

**RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE
AND MUST BE RECEIVED NO LATER THAN Friday, February 12, 2010.**

Conference Weekend Package:
NYSACCME MEMBER: \$200 NON-MEMBER: \$300 \$ _____
Includes registration and meals
(REGISTRATION FEE NON-REFUNDABLE)

Hotel Reservations: Arriving: 03/___/2010 and Departing: 03/___/2010
\$150 per night _____ number of nights x \$150 \$ _____

\$45 Spouse/Guest Dinner \$ _____

TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

\$25 Service Charge will apply for checks returned for insufficient funds

**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.**

**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 _____