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

CORONER 101 TUTORIAL

Friday, March 19, 2010
8:00 am – 5:00 pm
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.

Registration Fee: $170 (includes Continental Breakfast, Breaks, Lunch) $ _____

(REGISTRATION FEE NON-REFUNDABLE)

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

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 _____ 1209/sje

CORONER 101 SCHEDULE LISTED ON REVERSE SIDE