



NYSACCME

4721 Pine Hill Road, Albion, New York 14411
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Spring 2012 Conference
"SIDS, SUD(1)S, SADS &
Other Childhood Anomalies"
Friday, March 23 –
Sunday, March 25, 2012
Adam's Mark – Buffalo, 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, February 3, 2012.**

Package 1: NYSACCME MEMBER: \$550 NON-MEMBER: \$650 \$ _____
• Friday and Saturday night lodging
• Saturday breakfast, breaks, lunch, dinner
• Sunday breakfast, break
If applicable: Spouse/guest weekend meal package: \$150 \$ _____
Spouse/guest Saturday dinner only: \$45 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 2: NYSACCME MEMBER: \$400 NON-MEMBER: \$500 \$ _____
• Saturday night lodging
• Saturday breakfast, breaks, lunch, dinner
• Sunday breakfast, break
If applicable: Spouse/guest weekend meal package: \$150 \$ _____
Spouse/guest Saturday dinner only: \$45 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 3: NYSACCME MEMBER: \$250 NON-MEMBER: \$350 \$ _____
• No lodging (commuter)
• Saturday breakfast, breaks, lunch, dinner
• Sunday breakfast, break
If applicable: Spouse/guest weekend meal package: \$150 \$ _____
Spouse/guest Saturday dinner only: \$45 \$ _____
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 _____ 0112/sje