NYSACCME
4721 Pine Hill Road, Albion, New York 14411
Telephone (585)589-5410 - Fax (585)589-5410
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CORONER 101

Friday, March 15, 2013
7:30 am – 5:30 pm
The Otesaga Resort Hotel – Cooperstown, 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 1, 2013.

Registration Fee: $175 (includes Breakfast, Breaks, Lunch) $ _____

Hotel Reservations: Arriving: 03/___/2013 and Departing: 03/___/2013
$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
(*NON-REFUNDABLE FEE - $100*)

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 _____ 01/13 sje

CORONER 101 SCHEDULE LISTED ON REVERSE SIDE