



**NYSACCME**

4721 Pine Hill Road, Albion, New York 14411  
Telephone (585)589-5410 - Fax (585)589-5410  
[nysaccme@rochester.rr.com](mailto:nysaccme@rochester.rr.com)     [www.nysaccme.org](http://www.nysaccme.org)

**CORONER 101**

Friday, March 18, 2016  
7:30 am – 5:15 pm  
Harbor Hotel – Watkins Glen, 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, 2016.**

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

Hotel Reservations: Arriving: 03/\_\_\_/2016 and Departing: 03/\_\_\_/2016  
**\$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.**

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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 \_\_\_\_\_ 01/16 sje

**CORONER 101 SCHEDULE LISTED ON REVERSE SIDE**