



NYSACCME

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Spring 2017 Conference
"Medicolegal Death Investigation"
Friday, March 17, –
Sunday, March 19, 2017
Genesee Grande Hotel
Syracuse, 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, 2017.**

Package 1:	NYSACCME MEMBER: \$575	NON-MEMBER: \$675	\$ _____
<ul style="list-style-type: none"> • Friday and Saturday night lodging • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 			
If applicable: Spouse/guest weekend meal package:			\$ _____
Spouse/guest Saturday dinner only:			\$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____			

Package 2:	NYSACCME MEMBER: \$425	NON-MEMBER: \$525	\$ _____
<ul style="list-style-type: none"> • Saturday night lodging • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 			
If applicable: Spouse/guest weekend meal package:			\$ _____
Spouse/guest Saturday dinner only:			\$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____			

Package 3:	NYSACCME MEMBER: \$275	NON-MEMBER: \$375	\$ _____
<ul style="list-style-type: none"> • No lodging (commuter) • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 			
If applicable: Spouse/guest weekend meal package:			\$ _____
Spouse/guest Saturday dinner only:			\$ _____
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 _____ 03/17 sje