



NYSACCME

6179 Middle Rd. Munnsville, New York 13409

Telephone (315)750-6997

www.nysaccme.org tgreenwood@nysaccme.org

Spring
Friday, March 15
Sunday, March 17 2024
Lake Ontario Conference
Oswego, NY 13126

EXHIBIT BOOTH REGISTRATION FORM

Name _____ Title _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____
E-Mail Address _____
Representing (Organization) _____

RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE AND MUST BE RECEIVED and POST MARKED NO LATER THAN March 1 2024

Exhibit Booth Fee - 1 table, 2 chairs (fee varies according to space needed) \$ 300.00

*****If exhibitor is a conference sponsor* for a minimum of \$500, the Exhibit Booth Fee is waived.**

***If your organization is a conference sponsor, please indicate what area, i.e. Breakfasts, Breaks, Hospitality Suite, Cocktail Hour, etc. _____ and enter amount of sponsorship \$ _____**

Please "x" here to acknowledge that your organization will be making arrangements directly with the hotel if you are sponsoring the Cocktail Hour or After-Dinner Social.

IF EXHIBITOR IS NOT ATTENDING CONFERENCE SESSIONS, FILL IN APPROPRIATE BOX:

Package 1:	\$ <u>525.00</u>
<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: \$175	\$ _____
Spouse/guest Saturday dinner only: \$50	\$ _____
AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)	\$ _____

Package 2:	\$ <u>325.00</u>
<ul style="list-style-type: none"> • Saturday night lodging • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 	
If applicable: Spouse/guest weekend meal package: \$175	\$ _____
Spouse/guest Saturday dinner only: \$50	\$ _____
AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)	\$ _____

Package 3:	\$ <u>225.00</u>
<ul style="list-style-type: none"> • No lodging (commuter) • Saturday breakfast, breaks, lunch, dinner • Sunday breakfast, break 	
If applicable: Spouse/guest weekend meal package: \$175	\$ _____
Spouse/guest Saturday dinner only: \$50	\$ _____
AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME)	\$ _____

IF EXHIBITOR IS ATTENDING CONFERENCE SESSIONS, FILL IN APPROPRIATE BOX:

Package 1: NYSACCME MEMBER: \$625 NON-MEMBER: \$725 \$ _____

- Friday and Saturday night lodging
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

If applicable: Spouse/guest weekend meal package: \$175 \$ _____

Spouse/guest Saturday dinner only: \$50 \$ _____

AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 2: NYSACCME MEMBER: \$475 NON-MEMBER: \$575 \$ _____

- Saturday night lodging
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

If applicable: Spouse/guest weekend meal package: \$175 \$ _____

Spouse/guest Saturday dinner only: \$50 \$ _____

AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 3: NYSACCME MEMBER: \$325 NON-MEMBER: \$ \$ 425

- No lodging (commuter)
- Saturday breakfast, breaks, lunch, dinner
- Sunday breakfast, break

If applicable: Spouse/guest weekend meal package: \$175 \$ _____

Spouse/guest Saturday dinner only: \$50 \$ _____

AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

\$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 FOR ROOM

RESERVATIONS CANCELLED WITH LESS THAN 48 HOUR NOTICE

AND MEAL PACKAGE WITH LESS THAN A WEEK PRIOR TO CONFERENCE.

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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 _____

2/12/23tg