



NYSACCME

6179 Middle Rd, Munnsville NY 13409

Phone (315)-750-6997

Email: tgreenwood@nysaccme.org

CORONER 101

Saturday, February 10th 8:00 am -5:30 pm

Crowne Plaza Hotel, Syracuse NY

REGISTRATION FORM

Name _____ Title _____
Address _____ Telephone _____
City _____ State _____ Zip code _____
Email _____
Representing (County) _____

RESERVATIONS AND PAYMENTS ARE MADE THROUGH THE NYSACCME OFFICE & MUST BE
POSTMARKED NO LATER THAN **FRIDAY, January 12, 2024**

- Package 1: No lodging -Commuter \$225.00
Saturday Breakfast, AM & PM breaks and, Lunch
- Package 2: Friday Night Lodging \$375.00
Saturday, breakfast, AM & PM breaks, Lunch
- Package 3: Saturday Night Lodging \$375.00
Saturday, breakfast AM& PM breaks, Lunch
- Package 4: Friday and Saturday Lodging \$525.00
Saturday, breakfast AM & PM breaks, Lunch

Please send full payment (check or money order) with Registration form
County vouchers are no longer accepted, **please take a copy for your records as it is your receipt.**

25.00 Service charge will apply for all checks returned (NSF) ~ Nonrefundable cancellation fee -100.00. All cancellation must be made through NYSACCME office. There will cancellation charges for room reservations cancelled with less than 48-hour notice and meal package with less than one week notice.

I have read and agreed to the terms specified above: _____
Registrant's Signature