



NYSACCME

6179 Middle Rd Munnsville, New York 13409
Telephone 315-750-6997

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

REGISTRATION FORM

Address _____ Telephone _____
City _____ State _____ Zip Code _____
E-Mail Address _____
Representing (County/Organization) _____ (Funeral Home) _____

**RESERVATIONS & PAYMENTS ARE MADE WITH NYSACCME OFFICE NOT HOTEL
POST MARKED NO LATER THAN March 4th 2024**

*****No applications will be accepted via email *** Please submit to county ASAP**

Package 1: NYSACCME MEMBER: \$600 NON-MEMBER: \$700 \$ _____
• 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 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 2: NYSACCME MEMBER: \$450 NON-MEMBER: \$550 \$ _____
• 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 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

Package 3: NYSACCME MEMBER: \$300 NON-MEMBER: \$400. \$ _____
• 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 \$ _____
TOTAL AMOUNT DUE (CHECK or MONEY ORDER PAYABLE TO: NYSACCME) \$ _____

**Please send full payment (check or money order) with Registration Form.
REGISTRATION FORM MUST BE SUBMITTED WITH 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 Non-Sufficient Funds (NSF)
(NON-REFUNDABLE CANCELLATION 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 _____ 3/2023
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