# NEW YORK STATE MATHEMATICS ASSOCIATION OF TWO-YEAR COLLEGES
## NYSMATYC Annual Conference – April 8 - 10, 2005
Hotel Utica
102 Lafayette Street
Utica, New York 13502
(315) 724-7829
*http://www.hoteluticany.com*
## Hotel Registration Form

## Package Rates

### Hotel and Meals:  Choose One

| | | | |
|---|---|---|---|
| ___a) Single Occupancy | 2 nights 6 meals | | **$285.90 per person** |
| ___b) Double Occupancy | 2 nights 6 meals | | **$191.90 per person** |

*(6 meal package includes lunch Friday through Breakfast Sunday)*

| | | | |
|---|---|---|---|
| ___c) Single Occupancy | 1 night 3 meals (Friday Night Stay) | | **$142.95 per person** |
| ___d) Single Occupancy | 1 night 3 meals (Saturday Night Stay) | | **$142.95 per person** |
| ___e) Double Occupancy | 1 night 3 meals (Friday Night Stay) | | **$95.95 per person** |
| ___f) Double Occupancy | 1 night 3 meals (Saturday Night Stay) | | **$95.95 per person** |

*(3 meal package includes lunch Friday through Breakfast Saturday or lunch Saturday through Breakfast Sunday)*

***(Double occupancy requests must be accompanied by a roommate.   Hotel will not pair people up)***

Roommate _____(Roommate *must* fill out a separate form for payment and address information.)

## Commuter Package Information

**Commuter Package Payment is to be included with your Annual Conference Registration.**
**All commuter package reservations must be received by 5 pm Thursday, March 31, 2005.**

Commuter Package for 2 days .................... **$80.00 per person**
*(Includes lunch, dinner and breaks on Friday and Saturday)*

Commuter Package for Friday...................... **$40.00 per person**
*(Includes lunch, dinner and breaks on Friday.)*

Commuter Package for Saturday ................. **$40.00 per person**
*(Includes lunch, dinner and breaks on Saturday)*

*Reservations are due by March 8, 2005 to guarantee the conference rate.  Reservations made after that date are not guaranteed.  All rates are subject to a 10.25% NYS sales tax, unless the hotel is provided with a tax-exempt form.  Please bring tax exempt form with you at check in.  Each NYSMATYC member sharing a room will be required by the Hotel Utica to submit a separate tax exempt form*

Name _____

College/ Affiliation _____

Street _____

City/State/Zip _____     Telephone number _____

Room Accommodation Request:        Choose one:  Single _____        Double  (Include roommate name)_____

Roommate_____

Room Type Preference: Circle one:        smoking        nonsmoking

Arrival Date_____        Departure Date _____

Type of credit card _____     Card #_____     Expiration date _____

**Registration may be Sent directly to the Hotel Utica, e-mailed, as an attachment, to reservations@hotelutica.com ,**
**or faxed to (315) 733-7663**