

**NEW YORK STATE
 MATHEMATICS ASSOCIATION OF TWO-YEAR COLLEGES
 NYSMATYC Annual Conference • April 20-22, 2007
 Crowne Plaza Niagara Falls • 300 Third Street • Niagara Falls, NY 14303 • 716-285-3361**

Hotel Registration Form

Package Rates

Hotel and Meals: choose one

- | | | |
|--|------------------|----------|
| <input type="checkbox"/> a) Single Occupancy | 2 nights 6 meals | \$315.65 |
| <input type="checkbox"/> b) Double Occupancy | 2 nights 6 meals | \$216.65 |

(6 meal package includes Lunch Friday through Breakfast Sunday)

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

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|--|---------------------------------------|----------|
| <input type="checkbox"/> c) Single Occupancy | 1 night 3 meals (Friday Night Stay) | \$157.92 |
| <input type="checkbox"/> d) Single Occupancy | 1 night 3 meals (Saturday Night Stay) | \$157.92 |
| <input type="checkbox"/> e) Double Occupancy | 1 night 3 meals (Friday Night Stay) | \$108.42 |
| <input type="checkbox"/> f) Double Occupancy | 1 night 3 meals (Saturday Night Stay) | \$108.42 |

(3 meal package includes Lunch Friday through Breakfast Saturday *OR* Lunch Saturday through Breakfast Sunday)

Commuter Package

Commuter package payments are to be included with your Annual Conference Registration

All commuter package reservation must be received by 5:00pm, Friday, April 13, 2007.

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|-------------------------------|--|
| Commuter Package for 2 days | \$91.80 (includes lunch, dinner and breaks on Friday and Saturday) |
| Commuter Package for Friday | \$45.90 (includes lunch, dinner and breaks on Friday) |
| Commuter Package for Saturday | \$45.90 (includes lunch, dinner and breaks on Saturday) |
| Commuter Dinner for Friday | \$29.44 (includes dinner only on Friday) |
| Commuter Lunch for Saturday | \$16.46 (includes lunch only on Saturday) |
| Commuter Dinner for Saturday | \$29.44 (includes dinner only on Saturday) |

Reservations are due by March 20, 2007 to guarantee the conference rate. Reservations made after that date are based upon hotel availability and rate is not guaranteed. *All rates are subject to 13% NYS sales tax, unless the hotel is provided with a tax exemption form from provider of payment.* Please bring tax exempt form with you at check-in. Each NYSMATYC member sharing a room will be required by the Crowne Plaza to submit a separate tax exemption form.

Name: _____

College/Affiliation: _____

Street: _____

City/State/Zip: _____

Room Accommodation Request: (choose one) Single Double (include roommate name)
 Roommate _____

Room Type Preference: (choose one) Smoking Non-Smoking

Arrival Day & Date: _____ Departure Day & Date: _____

Type of Credit Card: _____ Card #: _____ Expiration Date: _____

**Hotel Registration Form can be mailed directly to the Crowne Plaza Niagara Falls
 or faxed to hotel at 716-285-3900**