



**NEW YORK STATE
 MATHEMATICS ASSOCIATION OF TWO-YEAR COLLEGES
 NYSMATYC Annual Conference · April 07 - 9, 2017
 Crowne Plaza Syracuse, 701 E Genesee St, Syracuse NY 13210
 Please call or fax the hotel to make reservations. PHONE: (315)-703-1920 FAX:(315)-703-1996**

Hotel Registration Form

Package Rates (Hotel and Meals: **choose one**)

- _____ a) Single Occupancy - 2 nights, 6 meals, 4 breaks **\$346.50**
 (6 meals/4 breaks include Friday lunch through Sunday breakfast *** and breaks all three days)

- _____ b) Double Occupancy - 2 nights, 6 meals, 4 breaks **\$250.50 per person**
 (6 meals/4 breaks include Friday lunch through Sunday breakfast *** and breaks all three days)
 (Double Occupancy requests must be accompanied by a roommate. Hotel will not pair up people)

- _____ c) Single Occupancy - 1 night, 3 meals, 3 breaks; **choose one:** ___Friday Night Stay ___ Saturday Night Stay **\$185.00**
 (3 meals include arrival day lunch, arrival day dinner, and departure day breakfast)
Please fill out a commuter registration for meals not included in the package.

- _____ d) Double Occupancy - 1 night, 3 meals, 3 breaks; **choose one** ___Friday Night Stay ___ Saturday Night Stay **\$134.00 per person**
 (3 meals include arrival day lunch, arrival day dinner, and departure day breakfast)
Please fill out a commuter registration for meals not included in the package.
 (Double Occupancy requests must be accompanied by a roommate. Hotel will not pair up people)

***** If you are staying for the Saturday banquet, please indicate your choice of entrée.**

_____ **Chicken** _____ **Beef** _____ **Vegetarian**

Guest Information

Name: _____

College / Affiliation: _____

Street: _____ City/State/Zip: _____

Email: _____ Phone: _____
 (for confirmation)

Room Accommodation Request (choose one) King _____ Double _____ Roommate _____

Payment Information

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

Payment Method: ___ Personal Check ___ Company Check ___ Credit Card (copy of card needed) ___ Purchase Order (advance time needed)

Type of Credit Card: _____ Card #: _____

Exp date: ___/___/___ 3 digit code on back of card: _____

Tax Exempt: ___ YES ___ NO (Please check one - If yes, provide Tax Exempt Form at time of Booking)

Reservations are due by March 08, 2017 to guarantee the conference rate. Reservations made after that date are based upon hotel availability and rate is not guaranteed. Meal rates include 21% service charge. All room charges are subject to 13% room tax. 8% New York State Tax will be charged unless the hotel is provided with a tax-exempt form from the provider of payment at the time of booking. Each NYSMATYC member will be required to bring a separate tax exempt form to the hotel at check-in.