

New York State Mathematics Association of Two-Year Colleges
 NYSMATYC Annual Conference
 April 14-16, 2023

1000 Islands Harbor Hotel
 200 Riverside Dr., Clayton, NY 13624
 TEL (315) 686-1100 Fax (315) 686-1101
 Email: ltompson@harthotels.com

No phone reservations, this form must be received by March 15, 2023. This does not guarantee that you will have a room at the 1000 Islands Harbor Hotel as reservations are on a first-come, first serve basis. Reservations made after March 15th are subject to hotel availability and rate is not guaranteed. Email, fax or mail this form to the 1000 Islands Harbor Hotel. Faxes come to our secured accounting office, (only open M-F; 8:30-4:30) Your e-mailed confirmation should arrive within 3 business days. **Check-in: 4 PM Check-out: 11 AM**

2 NIGHT PACKAGE: Accommodations for Friday & Saturday Nights; with the following meals and gratuities.
 Fri. Apr. 14 Lunch Buffet, Afternoon Break and Dinner Buffet
 Sat. Apr. 15 Breakfast Buffet, Morning Break, Lunch Buffet, Afternoon Break and Plated Dinner
 Sun. Apr. 16 Breakfast Buffet

Please Circle your Package Choice			Select room type / Not Guaranteed
	<u>Single Oc.</u>	<u>Double Oc (per person)</u>	
Fri, Sat & Sun			
Package Price	\$484.46	\$338.51	_____ 1 King Bed
Sales & Oc Tax	\$47.54	\$31.49	
Total with Tax	\$532.00	\$370.00	_____ 2 Queen Beds
			Smoking is not permitted
Sat Dinner Choice: _____ Grilled Pork Chop au Poivre _____ Breast of Chick w/ Tarragon Cream			
			_____ Spaghetti Squash Toss (Vegan/Vegetarian)

1 NIGHT PACKAGE: Accommodations for Friday Night; with the following meals and gratuities.
 Fri. Apr. 14 Lunch Buffet, Afternoon Break and Dinner Buffet
 Sat. Apr. 15 Breakfast Buffet, Morning Break, Lunch Buffet, and Afternoon Break

Please Circle your Package Choice			Select room type / Not Guaranteed
	<u>Single Oc.</u>	<u>Double Oc (per person)</u>	
Package Price	\$272.57	\$199.60	_____ 1 King Bed
Sales & Oc Tax	\$26.43	\$18.40	
Total with Tax	\$299.00	\$218.00	_____ 2 Queen Beds
			Smoking is not permitted

1 NIGHT PACKAGE: Accommodations for Saturday Night; with the following meals and gratuities.
 Sat. Apr. 15 Breakfast Buffet, Morning Break, Lunch Buffet, Afternoon Break and Plated Dinner
 Sun. Apr. 16 Breakfast Buffet

Please Circle your Package Choice			Select room type / Not Guaranteed
	<u>Single Oc.</u>	<u>Double Oc (per person)</u>	
Package Price	\$263.32	\$189.45	_____ 1 King Bed
Sales & Oc Tax	\$25.68	\$17.55	
Total with Tax	\$299.00	\$218.00	_____ 2 Queen Beds
			Smoking is not permitted
Sat Dinner Choice: _____ Grilled Pork Chop au Poivre _____ Breast of Chick w/ Tarragon Cream			
			_____ Spaghetti Squash Toss (Vegan/Vegetarian)

A La Carte Meal Plans: If you are NOT purchasing an overnight package, please select any meals you wish to purchase as a Day-Tripper or Spouse

	Fri Apr 14	Fri Apr 14	Sat Apr 15	Sat Apr 15	Sat Apr 15	Sun Apr 16
	Lunch & PM Break	Dinner Buffet	Breakfast & AM Break	Lunch & PM Break	Plated Dinner	Breakfast & AM Break
w/ 20% Srvc Chg	\$22.74	\$34.20	\$19.14	\$22.74	\$35.94	\$19.14
Sales Tax	\$1.82	\$2.74	\$1.53	\$1.82	\$2.88	\$1.53
Total w/ Tax	\$24.56	\$36.94	\$20.67	\$24.56	\$38.82	\$20.67

Sat Dinner Choice: _____ Grilled Pork Chop au Poivre _____ Breast of Chick w/ Tarragon Cream
 _____ Spaghetti Squash Toss (Vegan/Vegetarian)

Name _____ PH# _____

Arrival Date _____ Departure Date _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Please note any dietary needs: _____

All reservations must be reserved with a credit card, purchase order or prepayment check made payable to the "1000 Islands Harbor Hotel."

Checks must be received no later than Monday, April 3, 2023. Reservations made with no form of guarantee will not be accepted.

*****Cancellations must be received no later than 2 days prior to your arrival to avoid cancellation fees equal to the first nights charges.*****

Credit Card Type _____ American Express _____ Master Card _____ VISA _____ Discover

Credit Card # _____ Exp Date _____

Name on Card _____

Roommate Name: _____

One registration form is required for each attendee in the room. Please have your roommate complete and submit their own form listing you as their roommate.

If your roommate is only sharing the room and is not attending sessions or meals please check here _____. No other forms will be required.

_____ I have attached a completed NYS Tax Exemption Form (ST-119) and am requesting tax-exempt rates. (One form is required for each attendee)