

New York State Mathematics Association of Two-Year Colleges  
 NYSMATYC Annual Conference  
 March 28 & 29, 2025

Radisson Hotel Corning  
 125 Denison Parkway East, Corning NY 14830  
 (T) 607-962-5000 / (F) 607-962-5074  
[ccieplik@corehotelsandresorts.com](mailto:ccieplik@corehotelsandresorts.com)

No phone reservations. This form must be received by February 25, 2025. This does not guarantee that you will have a room at the hotel as reservations are on a first-come, first-served basis. Reservations made after the deadline are subject to availability, and the rate is not guaranteed. Email, fax, or mail this form to the hotel directly. Faxes come to 607-962-5074, M-F, 8:30-4:30. Your email confirmation should arrive within 3 business days. Check-in: 4pm Check-out: 11am

<b>PACKAGE.</b> Friday night lodging, Friday lunch buffet, Friday dinner buffet, Saturday breakfast buffet, and Saturday lunch buffet		
<i>Please circle your package choice</i>		<i>Select room type (not guaranteed) *Smoking is not permitted</i>
<u>Double Occupancy</u>		
<u>Single Occupancy</u>	<u>per person</u>	
\$280.60	\$206.10	_____ 1 King Bed
		_____ 2 Queen Beds

For commuters:

<b>A la carte meal plans.</b> Please select any meal(s) you wish to purchase.				
	<u>Fri March 28</u>	<u>Fri March 28</u>	<u>Sat March 29</u>	<u>Sat March 29</u>
	Lunch	Dinner Buffet	Breakfast	Lunch
Service charge and tax included.	\$19.25	\$51.53	\$29.52	\$19.25

Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Please note any dietary needs \_\_\_\_\_

All reservations must be reserved with a credit card, purchase order or pre-payment check made payable to:

***Radisson Hotel Corning***

Check must be received no later than February 25, 2025. Reservations made with no form of guarantee will not be accepted.

Credit Card Type: \_\_\_\_\_ American Express \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_ Expiration 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 form listing you as a 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.)