NEW YORK STATE
MATHEMATICS ASSOCIATION OF TWO-YEAR COLLEGES
NYSMATYC Annual Conference • April 4-6, 2008
Holiday Inn • 3 Executive Boulevard, Suffern, NY 10901
Conference Registration Form

(Registrations submitted after March 17 must be done on-site)

All Registration Receipts will be available at the registration desk.

EARLY REGISTRATION MUST BE RECEIVED BY March 5, 2008

Membership Information:

Name: _____

_____ I am a NYSMATYC member for the 2008 calendar year.

_____ I am not a NYSMATYC member for the 2008 calendar year and would like to join or renew my membership

____ Adjunct Member (non-voting) $15 ___ Retired Member (non-voting) $15

____ Regular Member (voting) $20 ___ Associate Member (non-voting) $20

_____ I am a MATYCONN or MATYCNJ member for the 2008 calendar year.

Personal Information: *(Required for new NYSMATYC members only)*

College or affiliation _____ E-mail _____

Address _____

Registration Information: *(early registration fees must be received by March 5, 2008)*

Registration fee: members: NYSMATYC, MATYCONN or MATYCNJ ($35 by March 5, $45 after)…….$_____

Registration fee: non- members: NYSMATYC, MATYCONN or MATYCNJ ($55 by March 5, $65 after)..$_____

Presenter Registration fee ($25 by March 5, $35 after) .....$_____

Membership fee ($20 Regular/Associate, $15 Adjunct/Retired) .....$_____

Student Registration fee ($10).....$_____

***** If you are going to the Saturday banquet (commuters or staying at the hotel) please indicate your choice of entrée: _____ Chicken Franchase _____ Prime Rib of Beef**

If you have special dietary needs, please contact the hotel directly

Commuter Meal Payment is to be included with your Annual Conference Registration.
Commuter package reservations must be received by Monday, March 17, 2008

All prices include a 20% service charge.

If you have special dietary needs, please contact the hotel directly.

Friday Lunch ..... $22.74 per person $_____

Friday Dinner Buffet..... $32.34 per person $_____

Saturday Lunch .....$21.54 per person $_____

Saturday Banquet .....$33.54 per person $_____

Total Amount Due $_____

Check one if appropriate: Presenter _____ Presider _____

Name to be printed on name tag _____

Name of guest(s) _____

Send this completed sheet, with a check made payable to NYSMATYC, to Ray LaBounty, NYSMATYC, Corning Community College, 1 Academic Drive, Corning, NY 14830

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