



**NEW YORK STATE  
MATHEMATICS ASSOCIATION OF TWO-YEAR COLLEGES  
NYSMATYC Annual Conference • April 4-6, 2008  
Holiday Inn • 3 Executive Boulevard, Suffern, NY 10901  
(845) 357-4800 • www.hisuffern.com**

**Hotel Registration Form**

**Package Rates**

Hotel and Meals: choose one

- |   |  |                     |
|---|--|---------------------|
| <input type="checkbox"/> a) Single Occupancy  | 2 nights 6 meals                         | \$378.84            |
| <input type="checkbox"/> b) Double Occupancy  | 2 nights 6 meals                         | \$258.84 per person |
| (6 meals include Friday lunch through Sunday breakfast***)                                    |  |                     |
| (Double Occupancy requests must be accompanied by a roommate. Hotel will not pair up people.) |  |                     |
| <input type="checkbox"/> c) Single Occupancy  | 1 night 3 meals (Friday Night Stay)      | \$189.42            |
| <input type="checkbox"/> d) Single Occupancy  | 1 night 3 meals (Saturday Night Stay***) | \$189.42            |
| <input type="checkbox"/> e) Double Occupancy  | 1 night 3 meals (Friday Night Stay)      | \$129.42 per person |
| <input type="checkbox"/> f) Double Occupancy  | 1 night 3 meals (Saturday Night Stay***) | \$129.42 per person |

(3 meals include lunch Friday through breakfast Saturday **OR** lunch Saturday through breakfast Sunday\*\*\*)

**\*\*\*If you are staying for the Saturday banquet, please indicate your choice of entrée on the Conference Registration Form.**

**Commuter Meals:**

**Commuter meal payments are to be included with your Annual Conference Registration. Please see the registration form for choices and prices.**

Reservations are due by March 5, 2008 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 exempt form from the provider of payment.* Please bring tax exempt form with you at check-in. Each NYSMATYC member will be required to submit a separate tax exempt form to the Holiday Inn.

Name: \_\_\_\_\_

College/Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

e-mail (for confirmation): \_\_\_\_\_ Phone: \_\_\_\_\_

Room Accommodation Request: (choose one) Single \_\_\_\_\_  
 Double \_\_\_\_\_ Roommate \_\_\_\_\_

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

**If you require any special accommodations, please contact the hotel directly.**

Arrival Day & Date: \_\_\_\_\_ Departure Day & Date: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Hotel Registration Form can be mailed directly to the Holiday Inn,  
faxed to hotel at (845) 918-1466 or e-mailed as an attachment to cindy@hisuffern.com**