



**NEW YORK STATE
MATHEMATICS ASSOCIATION OF TWO-YEAR COLLEGES
NYSMATYC Annual Conference • April 17-19, 2009
Holiday Inn • 205 Wolf Road, Albany, NY 12205
(518) 458-7250 • www.hialbanywolf.com**

Hotel Registration Form

Package Rates

Hotel and Meals: choose one

- a) Single Occupancy 2 nights 6 meals \$353.00
 b) Double Occupancy 2 nights 6 meals \$254.00 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.)

- c) Single Occupancy 1 night 3 meals (Friday Night Stay) \$188.00
 d) Single Occupancy 1 night 3 meals (Saturday Night Stay***) \$188.00
 e) Double Occupancy 1 night 3 meals (Friday Night Stay) \$140.00 per person
 f) Double Occupancy 1 night 3 meals (Saturday Night Stay***) \$140.00 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 6, 2009 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 14% NYS sales tax, unless the hotel is provided with a New York State 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, or faxed to hotel at (518) 533-1792, if possible include your New York State tax exempt form