

OHIO COUNCIL OF TEACHERS OF MATHEMATICS

61st Annual Conference

Park Inn by Radisson * Toledo, Ohio * October 13-14, 2011

HOTEL RESERVATION FORM

Name: _____

Company Name or Organization: _____

Address: _____

City/State: _____ Zip: _____

Telephone: _____ Fax: _____

Room Information

Cut off date for Reservations is September 30, 2011

(Reservations made after September 30, will be based on availability and group rates may not apply.
Please call the hotel directly for reservations after September 30, 2011.)

Rate: SINGLE \$ 99.00 + tax DOUBLE/TRIPLE/QUAD \$ 99.00 + tax
Suite Rates: ONE BEDROOM \$ 199.00 + tax TWO BEDROOM \$ 275.00 + tax
Group rates are available 3 days and 3 days after the dates of October 13-14, 2011

Arrival Date: _____ Departure Date: _____

Sharing Room: Yes No No. In Party: _____

Name of Person Sharing With: _____

Special Requests: _____ Smoking

*** Check In 3:00 P.M. *** Check Out Noon ***

Reservations must be cancelled 48 hours prior to arrival for a refund.

Call: 419-241-3000; Fax 419-321-2099

Payment Information

American Express Visa Mastercard Discover

CC# _____ Exp. Date: _____

I authorize the Park Inn by Radisson to charge my account for one night's deposit including taxes.

Signature: _____ Phone #: _____

Please make check payable to:
Return check and form to:

Park Inn
Reservations Department
101 North Summit Street
Toledo, OH 43604



Or Call: 419-241-3000 Fax 419-321-2099
www.parkinn.com/hotel-toledo-oh