

# 2026 LANDFILL OPERATOR CERTIFICATION REGISTRATION and PAYMENT FORM

March 23-25, 2026



*Member\**

*Non-Member*

\$185.00

\$235.00

\*NYSASWM will honor discount to any SWANA (NY) or NYSAR3 member.

Register before March 13, 2026

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(as you would like it to appear on your name badge)*

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I am taking the **Tour of Local Facilities** . Number attending \_\_\_\_\_  
9:00a.m. Wednesday 3/25. No cost. *Details Coming Soon*

## Payment Method

My check for \$\_\_\_\_\_ is enclosed (*Make check payable to: NYSASWM*)

VISA

MasterCard

AmEx

Municipal Voucher

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*(exactly as it appears on card)*

Card Billing Address: \_\_\_\_\_

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

Card Number: \_\_\_\_\_

Expiration: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Last three numbers on signature line: \_\_\_\_\_

**Registration form and payment should be mailed, emailed, or faxed:**

NYSASWM c/o Susan McIntyre  
108 Crandall Rd  
Mt Upton, NY 13809

Email: Nysaswm@gmail.com  
Phone: 607-316-4259  
Fax registration: 518-465-0506