



NEW YORK STATE ASSOCIATION FOR  
SOLID WASTE MANAGEMENT  
**EXHIBITOR REGISTRATION FORM Spring 2026**  
**Operator Certification Conference & Tour March 23-25 at**  
**the Holiday Inn Saratoga Springs, NY**

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone( \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Name of person(s) who will be receiving complimentary registration (note: Table/Exhibitor space comes with one free conference registration)

SIGNATURE \_\_\_\_\_

*NOTES: BOOTH CONFIRMED ONLY UPON RECEIPT OF PAYMENT. Refunds given only if written cancellations are received by March 9, 2026. Substitutions may always be made. There is a \$25 charge for returned checks.*

**CHECK ONE:** \_\_\_\_\_ Single Table/Exhibitor Space (\$550)

\_\_\_\_\_ Additional Attendees with Table Registration (\$75)

**PAYMENT METHOD**

\_\_\_\_\_ CHECK (Make payable to: NYSASWM—must be in U.S. dollars drawn on U.S. bank)

\_\_\_\_\_ MASTERCARD, DISC, EX, OR VISA:

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ 3DigitCode \_\_\_\_\_

Amount authorized to be charged \$ \_\_\_\_\_

Signature (required) \_\_\_\_\_

*Please return by mail to:*

*NYSASWM, c/o Susan McIntyre*

*108 Crandall Rd.*

*Mt. Upton, NY 13809*

*Or, Fax forms to: NYSASWM c/o Susan McIntyre @ (518) 465-0506*

*Or Email: [Nysaswm@gmail.com](mailto:Nysaswm@gmail.com)*

*Questions: Susan McIntyre (607) 316-4259 or Emily Simmons (774) 212-0650*