

**NYSASWM – Landfill Operators Training Conference - March 23-25, 2026**



**Holiday Inn**

**SARATOGA SPRINGS**

232 Broadway

Saratoga Springs, NY 12866

Phone: (518) 584-4550

Fax: (518) 580-1924

Email: [Jtierney@saratogahi.com](mailto:Jtierney@saratogahi.com)

**No phone reservations. This form must be received by March 1, 2026.  
Reservations are on a first-come, first serve basis.**

Reservations made after March 1<sup>st</sup> are subject to hotel availability and rate is not guaranteed. **Email, fax or mail this form to the Holiday Inn Saratoga Springs, attn: Julie Tierney (or [Jtierney@saratogahi.com](mailto:Jtierney@saratogahi.com)).**

Faxes come directly to our Sales Office, (only open M-F; 8:00-5:00)

Your emailed confirmation should arrive within 3 business days.

**Check-in: 3 PM Check-out: 11 AM** – All accommodations are non-smoking.

**2 NIGHT PACKAGE: Accommodations for Monday & Tuesday Nights; with the following meals and gratuities:**

**Mon. Mar. 23 Welcome Dinner**

**Tue. Mar. 24 Breakfast Buffet, Morning Break, Lunch Buffet, Afternoon Break and Happy Hour Reception**

**Wed. Mar. 25 Breakfast Buffet, Morning Break, Lunch Buffet**

Select your package choice:

\_\_\_ Single Occupancy @ \$435.60 plus sales and occupancy tax (\$65.34) = \$500.94 total with tax

\_\_\_ Double Occupancy (per person) @ \$309.60 plus sales and occ tax (\$46.44) = \$356.04 per person total with tax

**1 NIGHT PACKAGE: Accommodations for Monday Night; with the following meals and gratuities:**

**Mon. Mar. 23 Welcome Dinner**

**Tue. Mar. 24 Breakfast Buffet, Morning Break, Lunch Buffet, Afternoon Break and Happy Hour Reception**

Select your package choice:

\_\_\_ Single Occupancy @ \$252.00 plus sales and occupancy tax (\$37.80) = \$289.80 total with tax

\_\_\_ Double Occupancy (per person) @ \$189.00 plus sales and occ tax (\$28.35) = \$217.35 per person total with tax

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

**Please note any dietary needs:**

*All reservations must be reserved with a credit card, purchase order or check made payable to "Holiday Inn"  
Reservations made with no form of guarantee will not be accepted.*

*\*\* Cancellations must be received no later than 2 days prior to your arrival to avoid cancellation fees equal to the first night's charges. \*\**

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card \_\_\_\_\_ Roommate Name: \_\_\_\_\_

One registration form is required for each attendee in the room. Please have your roommate complete and submit their own form listing you as their roommate. If your roommate is only sharing the room and is not attending sessions or meals please check here \_\_\_\_\_. No other forms will be required.

**To be considered tax exempt, a tax-exempt form must be submitted with this registration form.**