THE NEW YORK STATE ASSOCIATION FOR SOLID WASTE MANAGEMENT

EXHIBITOR REGISTRATION FORM

Fall 2026 Solid Waste Conference & Trade Show
Sept 20-22 at the High Peaks Resort, Lake Placid, NY

Organization ______________________________

ContactPerson ______________________________

Address ______________________________

City ______________ State ______________ Zip ______________

Phone(   ) ______________ Fax (   ) ______________ Email ______________

Nameofperson(s) who will be receiving complimentary registration (note: single booths come with one free conferenceregistration)

____

SIGNATURE ______________________________

NOTES: BOOTH CONFIRMED ONLY UPON RECEIPT OF PAYMENT. Refunds are given only if written cancellations are received by Sept 5th 2025. Substitutions may always be made. We invoice for no-shows. There is a $25 charge for returned checks.

CHECK ONE: ____________ Single Table – 8' Table, White Linen, 2 Chairs ($575)

____________ Additional Attendees with booth ($75)

*Hotel accommodations not included – please contact the hotel directly

PAYMENT METHOD

____________ CHECK (Makepayableto:NYSASWM – must be in U.S. dollars drawn on U.S. bank)

____________ MC, AMEX, Discover 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
Questions: Susan McIntyre (607) 316-4259 or Emily Simmons (774) 212-0650

THE NEW YORK STATE ASSOCIATION FOR SOLID WASTE MANAGEMENT

SPONSOR REGISTRATION FORM Fall 2026 Solid Waste Conference & Trade Show Sept 20-22, 2026 at the High Peaks Resort, Lake Placid, NY

Organization ______________________________

ContactPerson ______________________________

Address ______________________________

City ______________ St ate ______________ Zip ______________

Phone (____) ______________ Email ______________ ______________

SIGNATURE ______________________________

CHECK Sponsorship *Sponsorships are offered on a first-come, first-served basis and may no longer be available at the time your form is received. We appreciate yoursupport!

____________Sunday Sept 20th Dinner ($500)

____________ Monday Sept 21st Breakfast ($400)

____________ Monday Morning Break ($350)

____________ Monday Lunch ($500)

____________ Monday Afternoon Break ($350)

____________ ~~Solid Connections Cocktail Reception ($1500)~~

____________ Tuesday Sept 22nd Breakfast ($400)

____________ Tuesday Morning Break ($350)

____________ Speaker Gifts ($250)

____________Door Prize ($250)

PAYMENT METHOD

____________ CHECK (Makepayableto:NYSASWM – must be in U.S. dollars drawn on U.S. bank)

____________ MC, AMEX, Discover 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 before September 4th, 2026 to: NYSASWM, c/o Susan McIntyre, 108 Crandall Rd., Mt. Upton, NY 13809 Or Email: Nysaswm@gmail.com Questions: Susan McIntyre (607) 316-4259 or Emily Simmons (774) 212-0650