



New York State Weights & Measures Association

56th New York State Annual Training School / 113th Annual Meeting
June 8 - 12, 2020
www.nyswma.com

Ramada Carrier Circle – 6555 Old Collamer Road South – East Syracuse, New York 13057 315-437-2761

NYSWMA REGISTRATION FEE FORM / RECEIPT / INVOICE

Please Pre-Register by filling out the TOP section and then either mail, E-mail or FAX the form to the Association Treasurer.

Jurisdiction: _____ Phone #: _____

Address: _____

Attendee Names: _____ / _____
_____ / _____

2020 Paid NYSWMA member (y/n): ____, OR other state (non-NY) Paid W&M Association member (y/n): ____

To join - add new member name(s): _____
(New member - please also complete NYSWMA Membership Application - see Association Treasurer or Membership Chairman)

**Amount Due
to Association:**

Jurisdiction/Business: _____ 2020 Dues: # _____ x \$25 = _____

2020 School Registration: (All Attendees) (One time charge) Members: # _____ x \$35 = _____
(Make check payable to NYSWMA) (One time charge) **Non-Members:** # _____ x \$70 = _____

All attendees staying at the hotel and all commuters must also register with the Hotel for packages and meals.

Hotel Package: (Circle) A B C D **Occupancy:** (Circle) Single Double **Days Attending:** (Circle) M T W Th F

Commuters: Full Week Attendance: (Total = 4 full days - includes Lunch T-Th and Breaks M-1, T-2, W-2, Th-2)

Partial Week Attendance: Days Attending: (Circle) M T W Th

Below this line - for NYSWMA Treasurer use only!

Association Dues and Association Registration: **Total Due:** \$ _____

Payment Method: Cash: ____ Check #: _____ **Voucher or Purchase Order:** ____ **Total Paid:** \$ _____

Registered by: _____ **NYSWMA Balance Due Association:** \$ _____

Federal ID # 51-0584555

Make payments to:

Phone: (607) 778-6118 **FAX** (607) 778-2329
E: saustenfeld@co.broome.ny.us

NYSWMA
Stephen J. Austenfeld, Treasurer
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