New York State Weights & Measures Association

60th New York State Annual Training School / 117th Annual Meeting
June 8 - 12, 2026
www.nyswma.com

Lake Ontario Event and Conference Center; 26 East 1st Street, Oswego, New York 13126 315-342-4040

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: _____ / _____

2026 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:

2026 School Registration: (All Attendees) (One time charge) Members: # _____x $50 = _____
(Make check payable to NYSWMA) (One time charge) **Non**-Members: # _____x $80 = _____

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: Single** **Days Attending:** (Circle) **M T W Th F**

Commuters: **Full Week Attendance:** Mon to Thurs – includes am break, lunches and pm break (Mon, Tues, Wed, Thurs) ☐

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: **NYSWMA**
Adam R. Simmons, Treasurer
44 Park Street
Canton, New York 13617

Phone: (315) 379-9734 FAX (315) 379-9077
E: Adamsimmons@stlawco.gov