New Mexico SWANA Roadrunner Chapter
P.O. Box 28402
Santa Fe, NM 87592-8402
roadrunnerswana@gmail.com

TRANSFER STATION FACILITY OPERATOR CERTIFICATION COURSE REGISTRATION FORM

SEPTEMBER 22-24, 2026
LAS CRUCES, NM
COST: $350

TRAINING LOCATION: CITY OF LAS CRUCES UTILITY BUILDING AT 680 N. MOTEL BLVD.
LAS CRUCES, NM 88007

PLEASE REGISTER EARLY – CLASS SIZE IS LIMITED

REGISTRATION ENDS SEPTEMBER 11, 2026

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK/CELL PHONE: _____ **EMAIL ADDRESS:** _____

IF MORE THAN ONE PERSON FROM YOUR COMPANY/ORGANIZATION WILL REGISTER FOR THE COURSE, PLEASE COMPLETE THE SECOND PAGE.

PAYMENT METHODS (check one)

_____ **Invoice**

_____ **Purchase Order: The New Mexico SWANA Roadrunner Chapter will send the company/organization a quote for a PO. Upon receipt of the PO, an invoice will be sent.**

Email the registration form to Randall Kippenbrock at rkippenbrock@sfswma.org.

Do you have questions about the Transfer Station Operator Certification Course? Contact Randall Kippenbrock at rkippenbrock@sfswma.org or (505) 780-0607.

Cancellation Policy:
Course registration can be canceled for a full refund at any time before September 11, 2026, with written notification to the New Mexico SWANA Roadrunner Chapter. No refunds will be issued after this date. Registration fees may be transferred to another individual before September 11, 2026, with written notification to the New Mexico SWANA Roadrunner Chapter.

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LAS CRUCES, NM

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SECOND PERSON

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK/CELL PHONE: _____ **EMAIL ADDRESS:** _____

THIRD PERSON

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK/CELL PHONE: _____ **EMAIL ADDRESS:** _____

FOURTH PERSON

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK/CELL PHONE: _____ **EMAIL ADDRESS:** _____