

NEW YORK PUBLIC WELFARE ASSOCIATION

158TH ANNUAL WINTER CONFERENCE

OPPORTUNITIES

PROSPECTS

HOPE

OPTIONS

Prism of Possibilities

BELIEVE

RESURGENCE

ALTERNATIVES

GROWTH

Registration Information Forms

January 26—29, 2027

The Albany Marriott Hotel

NYPWA's 158th Annual Winter Conference

January 26-29, 2027

Hotel Registration Information

To reserve a hotel room, please access the website link below or by visiting www.nypwa.org to access the link. Please make your hotel reservation no later than Friday, January 8, 2027.

Please review the hotel reservation policy carefully before making your reservation.

Hotel Reservation Policy: All hotel reservations must be received by The Albany Marriott Hotel no later than **Friday, January 8, 2027**, at which time the NYPWA room block will be released, if not already sold out. Hotel reservations made after **Friday, January 8, 2027**, will be accepted subject to availability. Reservations cannot be accepted by telephone. **All rooms must be guaranteed with a credit card.** Guests must book their room with a credit card and then contact Heather Hough at the Albany Marriott Hotel to change their payment method to another form of payment. The reservation information will be updated and credit card will be removed. Check-in time is 4:00 pm. The Albany Marriott Hotel will facilitate storage of luggage if necessary. Check out time is 12:00 pm.

Confirmations: Hotel room confirmation will be emailed directly to you from The Marriott Albany Hotel. Email confirmations will not reflect tax exempt status.

Tax Exempt Documentation: Tax exempt certificate ST-129 signed by the occupant is required when paying by check, credit card, or voucher (one voucher per person).

Meal Tickets: Purchased Meal tickets will be provided at the NYPWA Registration Desk (independent of your guest room reservation). If meals were not purchased WITH your Conference Registration, tickets may be purchased at the NYPWA Registration Desk based upon availability.

Hotel Reservation Changes: If you need to make a change to your reservation, please contact the hotel at the following information: Tel: 518-437-6344 or heather.hough@dhmhotels.com

Hotel Cancellation Policy: To avoid a charge, reservations MUST be cancelled by Friday, January 22, 2027

Note: If you reserve a double room and your roommate cancels, you will be responsible for paying the single room rate. Rates are subject to applicable taxes. If tax exempt, tax exempt certificate ST-129 signed by the occupant must be presented prior to check-in." Guests are also able to present their tax exempt certificate at check in and prior to check.

Albany Marriott Hotel

189 Wolf Road, Albany, NY

[Hotel Room Reservation Link](#)

Please call Nicole Gee, Membership Director, NYPWA at 518-465-9305 ext.3 with any questions.

NYPWA's 158th Annual Winter Conference

January 26-29, 2027

Conference & Meal Registration Information

1. Complete the Conference Registration form and send it to the NYPWA with your voucher, check, or credit card information.
2. All meals must be purchased individually through the NYPWA by completing the "MEALS ORDER FORM". Please return the completed form with payment directly to the NYPWA. Please note: meals are NOT included with the cost of conference registration fee. All purchased meal tickets will be available at the NYPWA Registration Desk. Meal packages will NOT be reserved through The Albany Marriott as it has in the past. Please use one form per reservation.
3. Carefully read the Hotel Reservation Policy, noting that the cut-off date for hotel registration is **Friday, January 8, 2027**.
4. The Albany Marriott Registration Link is available on the Hotel Registration form and on our website (www.NYPWA.org). One night reservations will be accommodated by nearby hotels
5. REGISTRATION CANCELLATION POLICY: Refund of registration fee, less a \$15 administrative fee, will be made only when cancellation is received in writing and emailed by **Friday, January 8, 2027**.
6. MEAL CANCELLATION POLICY: Refund of meals will be made only when received in writing and emailed before **Friday, January 8, 2027**. After **Friday, January 8, 2027** all meals MUST still be paid for.
7. Meal Ticket Pick-Up Location: If you have purchased meal tickets through the NYPWA, they will be available at The NYPWA Registration Desk upon arrival. The meal tickets will be in your welcome package envelope as long as tickets were purchased for you.

NYPWA Conference & Meal Registration:

Registration Information: Name, Title, District (Agency), Address, Phone Number & Email:

Name: _____

Title & District (Agency): _____

Address: _____

Phone Number & Email: _____

	By: Dec. 29	After: Dec. 29	6th LDSS Registrant
Full Conference:	\$224.00 ____	\$238.00 ____	FREE ____
One-Day:	\$143.00 ____	\$146.00 ____	FREE ____

	Price	Selection
Package One:	\$331.00 ____	____
(Wednesday-Breakfast, Lunch; Thursday-Breakfast, Lunch, Banquet; Friday-Breakfast)		

Package Two	\$200.00 ____
(Wednesday-Breakfast, Lunch; Thursday-Breakfast, Lunch)	

Package Three:	\$284.00 ____
(Wednesday-Lunch; Tuesday-Breakfast, Lunch, Banquet; Friday-Breakfast)	

Wednesday, January 27:

Breakfast	\$46.00 ____
Lunch	\$54.00 ____

Thursday, January 28:

Breakfast	\$46.00 ____
Lunch	\$54.00 ____
Banquet	\$85.00 ____

Friday, January 29:

Breakfast	\$46.00 ____
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Total Amount Enclosed:

Please include allergies so they may be accommodated prior to arrival (day of changes or requests are unable to be guaranteed):

Please submit conference registration payment form:

New York Public Welfare Association • 130 Washington Avenue • Albany, New York 12210

• www.nypwa.org • Phone: 518-465-9305 • Fax: 518-465-5633 • info@nypwa.org •

NYPWA's 157th Annual Winter Conference

January 27-30, 2026

Payment Authorization Form

NYPWA Forms of Payment:

1. **Check:** Make Payable to "NYPWA" and return via mail:
NYPWA, 130 Washington Avenue, Albany, NY 12210
2. **Voucher:** Email to info@nypwa.org or use surface mail:
NYPWA, 130 Washington Avenue, Albany, NY 12210
3. **Credit Card:** (Visa, MasterCard, Amex, Discover)

Credit Card Authorization Form:

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____

Please Select Workshop Area You Would Most Likely Attend:

Technology	TA/Employment
Fiscal	Adult Protective Services
Legal	Medicaid
SNAP	Housing
Child Care	Child Support
Children Services	Leadership/Management
Investigating Fraud	

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