



**Application for Training  
ASCLD/LAB-*International*  
Calibration Preparation Course  
September 17 – 19, 2009**

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Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Laboratory \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_ Fax \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

(A typed name should be inserted when submitting via e-mail)

Type of payment:     check     credit card     P.O. #

Credit Card: \_\_\_\_\_ VISA     Mastercard     American Express   

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Security Code: \_\_\_\_\_

\*Make checks payable to CMI, Inc.

\*Please provide billing address below if different from Agency address entered above.

\_\_\_\_\_

Registration fee: \$300 / per person

Course information can be located on the [www.alcoholtest.com](http://www.alcoholtest.com) and then go to the User's Group link.

Instructor: Laurel Farrell, ASCLD/LAB Staff Inspector

**Mail, E-Mail, or Fax Registration Form to one of the following:**

Dana Russell  
Las Vegas Metro Police  
5605 W. Badura Avenue, Suite 120 B  
Las Vegas, Nevada 89118  
Phone: 702-828-3950  
Fax: 702-828-3948  
Email: [d7503r@lvmpd.com](mailto:d7503r@lvmpd.com)

Toby Dyas  
CMI, Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone:  
Fax: 270-685-6678  
Email: [tddyas@alcoholtest.com](mailto:tddyas@alcoholtest.com)