

33rd Annual Intoxilyzer Users Group

August 27th – August 31st, 2017

Kansas City, Missouri

Registration Form

Fax: 270-685-6678

mjhagan@alcoholtest.com

Mail or email registration with payment to Josie Hagan at the address below.



Registration:

\$395.00

Attendee: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Shirt Size: Small Medium Large XL XXL XXXL

Spouse/Guest Ticket _____ \$100.00 Conference Meals

Payment Type: Credit Card Check Purchase Order

Credit Card: Visa Mastercard American Express

Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Security Code: _____

Purchase Order #: _____

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

**Make checks payable to Intoxilyzer Users Group*

The Westin Kansas City Crown Center, Conference Hotel link - [Intoxilyzer Users Group 2017](#)

TOTAL PAID: _____

Contact Information:

Josie Hagan
CMI, Inc.
316 E. 9th Street
Owensboro, KY 42303
Phone: 270-685-6454
Fax: 270-685-6678
Email: mjhagan@alcoholtest.com

Contact Information:

Toby Dyas – Program Support Manager
CMI, Inc.
316 East 9th Street
Owensboro, KY 42303
Phone: 480-313-8390
Fax: 270-685-6678
Email: tdyas@alcoholtest.com