

## 39<sup>th</sup> Annual Intoxilyzer Users Group Newport, Rhode Island August 17<sup>th</sup> – August 20<sup>th</sup>, 2025 Registration Form

Mail, Fax, or Email registration with payment to:

CMI Inc. • 316 E 9<sup>th</sup> Street • Owensboro, KY • 42303 • Attn: Customer Service

Phone (866) 835-0690 • Fax: (270)-685-6268 • Email: training@alcoholtest.com

Registration:	□ \$	6495.00	
Attendee:			
Agency Name:			
Address:			
City:		State:	Zip:
Phone:	Fax:		Email:
Shirt Size: Sma	all Medium	Large XL	□ XXL □ XXXL
Spouse/Guest Ticket	\$150.	.00 Ticket includes all brecannot attend present	aks and conference meals – Spouse/guest ations.
Payment Type:	Credit Card	Check	Purchase Order
Credit Card:	Visa	■ MasterCard	☐ American Express
Card Number:			Exp. Date:
Cardholder Name:			Security Code: Billing Zip Code:
Purchase Order #:			
*Please provide a billing a *Make checks payable to b			ed above.
Hotel Link: Simply Click	UG 2025 Hotel Link -	Hotel Viking –	
for GSA rate: Af		se intoxilyzer Users Group	TOTAL PAID:

## **Contact Information:**

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## **Contact Information:**

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