



# 26th Annual Intoxilyzer Users Group

**August 15 – 19, 2010**  
**Providence, Rhode Island**

## Registration Form

Fax: 270-685-6678

Email: [webserver@alcoholtest.com](mailto:webserver@alcoholtest.com)

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

**Early Registration:**  
(received by August 1, 2010)

\$275.00

**Late Registration:**  \$300.00

**Attendee:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Shirt Size:**  Small  Medium  Large  XL  XXL  XXXL

**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*

**TOTAL PAID:** \_\_\_\_\_

### **Contact Information:**

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### **Contact Information:**

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