



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT NARCOTICS INVESTIGATION FOR CAMPUS COMMUNITIES

- WHEN :** October 6, 2010
Class times: 0800 – 1700
- WHERE :** Washington County Sheriff's Office
1155 Clydesdale Drive
Fayetteville, Arkansas 72701
- COSPONSOR :** Gulf Coast HIDTA and Washington County Sheriff's Office, Fayetteville Arkansas
- DESCRIPTION :** This is a one day- eight (8) hour class designed to provide an inside look at the drug culture on college campuses for patrol officers and investigators assigned to campus police departments and surrounding jurisdictions.
- Overview:**
- The need for enforcement
 - The Rave Culture
 - Club Drugs
 - Date Rape Drugs
 - Meth and Clandestine Laboratories
- INSTRUCTORS :** Mark Bailey
- NOTE:** *** LAW ENFORCEMENT SENSITIVE INFORMATION ***
* BE PREPARED TO SHOW YOUR ID OR BADGE EACH DAY AS YOU ENTER THE CLASS ROOM *
- ENROLLMENT:** THERE IS NO REGISTRATION FEE FOR THIS COURSE
- ATTENDANCE:** LAW ENFORCEMENT ONLY: Open to Federal, State, and Local Law Enforcement Personnel, Criminal Intelligence Analysts, Investigators, Investigator Assistants, Counterdrug Operation Supervisors at all Levels and Military Personnel - both Active and Reserve.
- CONTACT :** Please fax the attached enrollment form to 601-965-4018. Go to web-site <http://training.gchidta.org> or call 601-933-9431 for a course enrollment form.

THIS FORM WILL BE FAXED BACK TO YOU WITH INDICATION OF YOUR ENROLLMENT STATUS



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA TRAINING PROGRAM

Washington County Sheriff's Office
1155 Clydesdale Dr.
Fayetteville, AR

Narcotics Inv for Campus Communities
Date: October 6, 2010
Time: 0800 to 0500

Fax to Training Coordinator (601-965-4018)

GC HIDTA Training Unit Use Only

Your request has been:

- Approved
- Placed on **WAITING LIST**
- Denied Class is full
- Denied (agency cap met)

STUDENT INFORMATION:

Title (Mr. Ms. Mrs.)	Rank (or Job Title)		
First Name	Middle Initial	Last Name	
Date of Birth-MM/DD/YYYY	Last 4 digits of Social Security Number	HIDTA Initiative Member	Arrest Powers
		Yes No	Yes No
Email Address (PLEASE PRINT CLEARLY)		Add to GC HIDTA Distribution List : Yes No N/A	

JOB MAILING ADDRESS (Please spell out):	CONTACT NUMBERS: MUST INCLUDE FAX
Agency Name: _____	Office Phone: (____) _____ - _____ ext _____
Address: _____	Fax Phone: (____) _____ - _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ - _____
	Other Phone : (____) _____ - _____ ext _____

HIDTA NAME: _____

INITIATIVE NAME: _____

PARENT AGENCY NAME: _____ (Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)
(What agency signs your check? Please spell out)

YOUR PARENT AGENCY IS:	Federal	State	Local	Military	Other
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SUPERVISOR'S APPROVAL INFORMATION

APPROVED BY (Please print clearly):	Supervisor's Email Address: Add To Distribution List: Yes No N/A
First Name _____ Last Name _____	Supervisor's Signature: _____
Agency Name: _____	Office Phone: (____) _____ -- _____ ext _____
Address: _____	Fax Phone: (____) _____ -- _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ -- _____
	Other Phone: (____) _____ -- _____