



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT NARCOTICS INVESTIGATION FOR CAMPUS COMMUNITIES

- WHEN :** October 19, 2010
Class times: 0800 – 1700
- WHERE :** Holmes Community College Police Department
Ridgeland Campus
412 West Ridgeland Avenue
Ridgeland, MS 39157
- COSPONSOR :** Gulf Coast HIDTA, Holmes Community College Police Department and the U.S. Attorney Southern District of Mississippi
- 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

**Holmes Community College P.D.
Ridgeland Campus
412 West Ridgeland Ave
Ridgeland, MS 39157**

**Narcotics Inv for Campus Communities
Date: October 19, 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: (What agency signs your check? Please spell out)	(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)
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YOUR PARENT AGENCY IS:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local	<input type="checkbox"/> Military	<input type="checkbox"/> 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: (____) _____ -- _____