



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT

Gangs, Drugs and Murder

WHEN : June 15-16, 2010
Class times: 0830 - 1630

WHERE : Five (5) Rivers Delta Center
30945 Five Rivers Blvd
Spanish Ft., AL 36527

COSPONSOR : Gulf Coast HIDTA and Baldwin County Sheriff's Office

DESCRIPTION : This sixteen (16) hour course integrates the very best that experts have to offer in violent drug gang investigations. This course will lay open the critical areas of knowledge to investigate, find answers and successfully prosecute these crimes. This course will develop the most powerful tool of all: The investigators intellect. The skills learned will be immediately applicable to any violent crime case currently under investigation and any old or future ones. The student's successful completion of this course will increase the capability of both the small unit investigative team and the major case task force alike.

INSTRUCTORS : Damon Fay

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

Five Rivers Delta Center
30945 Five Rivers Blvd
SPANISH FT., AL 36527

GANGS, DRUGS AND MURDER
June 15-16, 2010 (08:30 to 16:30)
(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 Yes No	Arrest Powers 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.)				
YOUR PARENT AGENCY IS:	Federal	State	Local	Military	Other

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: (____) _____ - _____