

Washington/Baltimore



HIGH INTENSITY DRUG TRAFFICKING AREA

Law Enforcement Training Course Registration

**COURSE: Identity Theft and the Drug
Connection – March 10, 2009**

Name: _____

DOB: _____

Last four Digits of Social Security Number: _____

Your Title: _____

Agency : _____

Agency Address: _____

Type of Agency: Federal State Local Military Other

Direct Phone #: _____

Fax Number: _____

Cell Phone: _____

Email Address: _____

Supervisor Name: _____

Supervisor Address: _____

Supervisor Phone #: _____

Are you a member of a HIDTA Initiative? ____ No ____ Yes Initiative Name:

Mail Registration to: Ruth Phillips
Training Coordinator
W/B HIDTA
9001 Edmonston Road, Suite 300
Greenbelt, Maryland 20770

Or FAX to: Ruth Phillips - FAX# 301-489-1660
Office Phone Number: 301-489-1751