



# **IMPORTANT TRAINING! FAX YOUR REGISTRATION, TODAY!**

**SPONSORED BY  
CVTC**

## **DRUG UPDATE**

### **Training Dates & Locations:**

**Monday, October 18**  
**504-447A-601 CRN: 80159**  
CVTC – Gateway Campus  
Room 130

**Monday, November 8**  
**504-447A-602 CRN: 80170**  
CVTC – Neillsville Campus  
Room 109

**Thursday, January 20**  
**504-447A-901 CRN: 90016**  
CVTC – ESEC Campus  
Room 120

**Wednesday, March 16**  
**504-447A-902 CRN: 90029**  
CVTC – ESEC Campus  
Room 127

**Wednesday, April 20**  
**504-447A-903 CRN: 90030**  
CVTC – ESEC Campus  
Room 113

**Wednesday, May 25**  
**504-447A-904 CRN: 90031**  
CVTC – ESEC Campus  
Room 117

This is an **8 hour class** held on various dates.

**Time:**  
8:00 a.m. to 5:00 p.m.  
(each date)

**Cost:**  
\$42.78

**Instructor:** Tim Schultz, Special Agent (retired)

Tim Schultz was a Special Agent with the Wisconsin Dept. of Justice, Narcotics Bureau for 32 years retiring in 2008. He has taught these programs at schools throughout the state of Wisconsin. S/A Schultz has testified as an expert witness in both State and Federal courts in controlled substance cases. In addition, S/A Schultz is the State of Wisconsin's expert on methamphetamine and clandestine laboratories and he has testified in front of the Wisconsin State Legislature in support of methamphetamine legislation.

### **All You Want to Know About Methamphetamine and Other Drugs**

This presentation will focus on methamphetamine and other drugs of abuse including cocaine/crack, marijuana, ecstasy, LSD, GHB, heroin and other drugs; where they come from and what they do to the body and brain. We will review the binge cycle of methamphetamine and cocaine and the different stages (high paranoia, hallucinations, "crank bugs" and crash); how it is packaged and sold and signs of influence. The program consists of a very graphic and powerful PowerPoint presentation consisting of pictures, graphs and videos.

**Registration Deadline:** One week prior to course

Class limited to 24 students

**NOTE: Course is subject to cancellation if class minimum enrollment is not met.**

Course information is on **WILENET.ORG**

# REGISTRATION FORM

PLEASE TYPE OR PRINT IN INK (LEGAL NAME)

1. \_\_\_\_\_  
 Last Name                      First Name                      Middle Name

2. \_\_\_\_\_  
 Mailing Address                      Street or R.F.D. Box Number

3. \_\_\_\_\_  
 City                      State                      Zip Code

4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number                      Other/Work Number

5. E-mail: \_\_\_\_\_

14. Have you attended this college before?  Yes  No  
 If yes, last year and semester attended: \_\_\_\_\_

15. Name on education records if different than above: \_\_\_\_\_

16. Last high school attended: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

17. Check highest grade completed:  8  9  10  11  12  13  14  15  16  over

18.  High school graduate  GED  HSED Date completed: \_\_\_\_\_

19. This information is voluntary and confidential. Your response will not affect admission to the Technical College.  
 Ethnic Group:  American Indian/Alaskan Native  Asian  Pacific Islander  Black, not of Hispanic origin  
 Hispanic  White, not of Hispanic origin  Other

Course Number	CRN Number	Course Title	Start Date	Total Fees Due
		Drug Update		
<b>Total</b>				

6. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number

7. Sex:  Male  Female

8. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. I am 62 years or older:  Yes

10. U.S. Citizen:  Yes  No

11. I am a legal resident of:  
 City  Village  Township  
 (check one and write in name)

12. \_\_\_\_\_  
 County in which you reside

13. \_\_\_\_\_  
 High School District in which you reside

**Employer Information:** (to contact you during working hours)

Employer: \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Agencies wishing to be billed must submit a Letter of Intent to Pay or PO on agency letterhead, clearly listing authorized employees and the course number(s) associated with the classes to be billed. Registration forms for each individual must be submitted with the Letter of Intent to Pay.**

I certify that the information on this registration form is true and complete to the best of my knowledge.  
 I understand use of this form gives me an undetermined program status.

\_\_\_\_\_  
 Student Signature                      Date

**CVTC West Campus Fax No.:** 715-855-7522 • **Email Contact:** [jalcantar@cvtc.edu](mailto:jalcantar@cvtc.edu)  
**Mailing Address:** CVTC Emergency Service Education Center • 620 West Clairemont Avenue • Eau Claire, WI 54701