STATE OF WISCONSIN \ DEPARTMENT OF MILITARY AFFAIRS
WISCONSIN EMERGENCY MANAGEMENT

2400 WRIGHT STREET
P.O. BOX 7865
MADISON, Wi 53707-7865
24-Hour Emergency Hotline:
1-800-943-0003
http://emergencymanagement.wi.gov/

DATE: December 17, 2009

TO: County Emergency Management Directors

FROM: Jerry Haberl, State Training Supervisor

SUBJECT: **Course Recruitment**: **COMMAND AND RESPONSE COURSE – (MGT 301)**

The Wisconsin Division of Emergency Management, in partnership with the Office of Domestic Preparedness, is sponsoring the course entitled: **Command and Response Course – (MGT-301)** on **FEBRUARY 18, 2010** at the REACT Center, Volk Field, Camp Douglas, Wisconsin. The course will begin at **8:00 a.m.** on Thursday, February 18, 2010, and conclude at approximately **5:00 p.m.** The Office of Domestic Preparedness will be providing Instructors from the Center for Domestic Preparedness. Dress is casual.

This 1-day training course is provided on-site at the jurisdiction, and encompasses Weapons of Mass Destruction (WMD)-related topics, and hands-on training on pre-incident planning and response development; domestic and international terrorism; chemical, biological, radiological, and explosive agents; and materials associated with WMD.

We are asking that you recruit attendees from your emergency management community who would benefit from this course, such as Communications, Public Works, DNR, Law Enforcement, Emergency Medical Services, Emergency Management, Fire Service, Hazardous Material Responders, Governmental Administration, Military, Health Care and Public Health.

For those participants travelling more than **50 miles** one way and do not wish to commute, we **will make reservations** for you at Volk Field. Wisconsin. Emergency Management will pay for **lodging costs** ***(for those traveling 50 miles one way)*** and the breakfast and lunch meals for **all** participants; however, the cost of travel, the evening meal, and any other incidental expenses associated with your stay are a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course rosters are finalized.

Please have prospective participants complete the attached registration form, and return the form to your Regional Office no later than **JANUARY 18, 2010.**

Thank you for helping us to bring emergency management training to your community. If you have questions, or need further information, please call your Regional Director or, Randy Williams, at the REACT Center at (608) 427-7423.

Encl: Registration Form

cc: WEM Management Staff
Regional Offices
Level A Teams
Randy Williams

REGISTRATION INFORMATION

COMMAND AND RESPONSE COURSE – (MGT-301)

FEBRUARY 18, 2010

REACT CENTER, VOLK FIELD

Please complete the information below and send it to your County Director by January 17, 2010. County Directors must submit this registration to their Region Office no later than January 18, 2010. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible. (Reproduce this sheet locally for additional people.)

(PLEASE PRINT CLEARLY)

_____

LAST NAME FIRST NAME MIDDLE "NAME" *(NO INITIALS)* SIGNATURE

TITLE_____**AGENCY**_____

SOCIAL SECURITY NUMBER *(LAST FOUR DIGITS)*_____

(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS_____

CITY_____**ZIP**_____**COUNTY**_____

WORK PHONE #_____**FAX**_____

E-MAIL_____**DATE OF BIRTH:**_____

DRIVERS LICENSE NUMBER_____**STATE**_____

(MUST BE PROVIDED TO REGISTER)

State Privacy Provision

Authorization: Wisc Stats 166.03 and E.O. 9397.
Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.

LODGING INFORMATION

_____**I live within 50 miles and don't need a room.**

_____**I live over 50 miles, please reserve a room for me as indicated below:**

PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM

WEDNESDAY, FEBRUARY 17, 2010

Do you require any special accommodations for a physical disability?

SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT:_____

SIGNATURE OF REGIONAL DIRECTOR/DATE OF RECEIPT:_____