

**UNITED STATES POLICE CANINE ASSOCIATION (USPCA) - REGION II
 SPRING TRACKING & DETECTOR DOG TRIALS
 March 8-10, 2012**

HOSTS: U.S. Department of Energy - Savannah River Site Law Enforcement Department
 Aiken County Sheriff's Office (ACSO), Aiken Department of Public Safety (ADPS), North Augusta
 Department of Public Safety (NADPS), and Richmond County Sheriff's Office (RCSO)

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HOTEL: Clarion Inn & Suites, 155 Colony Pkwy, Aiken, SC at the rate of \$89.91, taxes included, per night (2 double beds). Participants are required to make their own reservations directly with the hotel at telephone number 803-648-0999 or fax 803-648-9799.
Reservations must be made by February 10, 2012 to guarantee special rates.

TENTATIVE SCHEDULE

March 7, 2012	5:00 pm – 8:00 pm	Explosive Dog Team Registration at Hotel (lobby)
March 8, 2012	8:00am – 10:00 am 10:00am – 12:00 am 1:00 pm – 5:00 pm 5:00 pm – 8:00 pm	Explosive Dog Training – Odor Recognition Test Explosive Dog Certification – Odor Recognition Test Explosive Dog Certification – Operational Test (3 Areas) Tracking & Narcotic Dog Teams - Registration at Hotel (lobby)
March 9, 2012	8:00 am – 12:00 pm 1:00 pm – 6:00 pm 7:00pm – 9:00 pm	Tracking Certification USPCA Golf Tournament Hospitality Dinner
March 10, 2012	8:00 am – 5:00 pm	Narcotics Detection (Building & Vehicles)

REGISTRATION FORM

NAME: _____ PHONE: (_____) _____
 DEPARTMENT: _____
 ADDRESS: _____
 K-9 NAME: _____ BREED: _____

Registration Fee: \$25.00 Per Event / Make Checks Payable to: U.S.P.C.A. Region 2
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Narcotics _____	Plate _____	Plaque _____
Explosives _____	Plate _____	Plaque _____
Tracking _____	Plate _____	Plaque _____

I hereby waive and relinquish the United States Police Canine Association (USPCA) Region 2, the sponsoring Law Enforcement agencies, public businesses, and private residents that support this certification from any physical and/or mental harm to me or my canine. I also agree to abide by the rules established by the USPCA while attending this event. I certify that my canine is up-to-date on all vaccinations, and I accept full responsibility for any damage and/or injury caused by myself or my canine.

Participant's Signature _____ Date _____

MAIL REGISTRATION FORM AND PAYMENT TO:
*Savannah River Site Law Enforcement Department
 Attn: Canine Section
 P.O. Box W
 Aiken, SC 29802-0990*