



# California Narcotic Officers' Association

Presents

## DRUG ABUSE RECOGNITION ( DAR ) 24-Hours

POST Certified Plan II  
STC Certified 648-2020

Select class	DATE	LOCATION	Select class	DATE	LOCATION
	May 20-22, 2008	Anaheim		June 10-12, 2008	Riverside
	July 8-10, 2008	Mountain View		July 22-24, 2008	Yreka
	July 29-31, 2008	Los Angeles		August 5-7, 2008	Sacramento
	September 9-11, 2008	Pasadena		September 30-October 2, 2008	San Mateo
	November 18-20, 2008	San Joaquin			

Twenty four hours of intensive training on the effects of the abuse of the drugs in the eight major categories and the identification of the symptoms of under the influence. The instructors are all qualified experts in the field and are outstanding lecturers. A DAR manual and other useful field tools will be supplied to each student. **This is an excellent class for narcotic officers, traffic officers, patrol officers, and probation and corrections officers.**

**The cost of the Drug Abuse Recognition Course is \$225.00**

(Includes: Manual and necessary workshop tools)

**Class hours are 0800-1700 daily**

For class reservations please mail or fax the below form with payment to:

<b>C N O A</b>	
28245 Avenue Crocker Ste 230, Santa Clarita, CA 91355-1201	
Fax - (661) 775-1648	
For additional information call the CNOA training department at: (661) 775-6967	
<i>On-Line Course registration also available at <a href="http://www.cnoa.org">www.cnoa.org</a></i>	

*-Note: We do NOT register by phone-*

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX	Card #	Exp.
Name on CC (Please Print)	Signature	

CNOA ID	<input type="checkbox"/> Member	<input type="checkbox"/> NON- Member	<input type="checkbox"/> want to be a member	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
First	Middle	Last					
Nickname	Title						

Agency					
Address					
City	ST	Zip			

Work Phone	Home Phone	Fax	Region
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Social Security #  
or  
POST ID NUMBER

**EMAIL:**

Home Address					
City	ST	Zip			

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Birth Date

Male

Female

Send my mail to my

Work

Home

Alt.  
address

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