THREAT MANAGEMENT & EMERGENCY RESPONSE TO BUS HIJACKINGS SEMINAR
FT00463
March 14, 2007     Tampa, Florida

COURSE OVERVIEW
Participants will learn how to respond to acts of terrorism, including workplace violence, and how to develop and implement plans and procedures for responding to bus hijackings. Participants will learn how to gain access to a bus and resolve the incident with minimal public endangerment.

COURSE ELEMENTS
♦ Introduction to terrorism, and tactics
♦ Bombs, chemical/biological/radiological threats, history, trends
♦ Identification of flaws in facility design and operation
♦ Development of an emergency response plan
♦ Access to a bus, stopped or in motion
♦ Planning a systematic response
♦ Managing the media

WHO SHOULD ATTEND
Individuals charged with developing, administering, and implementing emergency response plans for transit bus hijacking; preparing for and initially responding to transit bus hijackings; managing security threats to bus operations. Executive managers, security managers and supervisors and staff, safety managers and supervisors, risk managers, operations managers and supervisors, and field supervisors. Federal, state, and local officials, community law enforcement personnel, and emergency responders.

REGISTRATION INFORMATION
There is no registration or materials fees associated with this one-day course. Space is limited, so please register early to avoid disappointment. A confirmation letter will be forward to each registrant with schedule and hotel information. Cancellations must be made 15 business days before class. The deadline for registration is Friday, January 26, 2007.

If you would like to attend this session, fill out the form below, and fax to reserve your seat.
Center for Urban Transportation Research
Attn: Molly Buffington
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REGISTRATION FORM TO ATTEND
THREAT MANAGEMENT & EMERGENCY RESPONSE
TO BUS HIJACKINGS SEMINAR  (FTO0463)
MARCH 14, 2007
TAMPA, FLORIDA

REGISTRANT'S NAME ____________________________________________________________

JOB TITLE ________________________________________________________________

MAJOR DUTIES & RESPONSIBILITIES ____________________________________________

SUPervisors NAME _________________________________________________________

EMPLOYER ________________________________________________________________

ADDRESS _________________________________________________________________

CITY __________________________ STATE _______ ZIP ___________________________

PHONE _________________________________________________________________

FAX ________________________________________________________________

EMAIL _________________________________________________________________

COURSE TITLE/CLASS NUMBER ______________________________________________

IS ☐ YOUR EMPLOYER AN FTA ☐ GRANT RECIPIENT OR SUB-RECIPIENT?

YES ☐ NO ☐