Indiana LTAP presents the
Intersection Safety Workshop
Part 1 of the LTAP Roadway Safety Series

Thursday, July 13, 2006
8:00 a.m. to 4:30 p.m.
University Inn,
3001 Northwestern Avenue, West Lafayette, IN 47906
800-777-9808

Date, Time, Location
The workshop will be held on July 13, 2006 at the University Inn in West Lafayette, Indiana and will begin at 8:00 a.m. and conclude by 4:30 p.m. Please arrive one half hour before start to receive packet and name badge. On-site registration will not be available. Lunch will be on your own.

Course Content
The Intersection Safety Workshop provides ready-to-use direct application safety measures for rural unsignalized and signalized intersections. The workshop presents countermeasures and their associated crash reduction factors as identified in the AASHTO Strategic Highway Safety Plan – NCHRP 500 Guide Book.

At the end of this workshop participants will be able to predict the number of crashes at intersections based upon traffic volume, identify high crash intersections and recognize appropriate engineering countermeasures. Investigation of the safety performance of intersection geometric design features, signing and marking, and highway lighting and their effects on safety will be completed. Remember this is a workshop. Case studies and group exercises will be completed.

Who Should Attend
Local road and street personnel who are responsible for the design, construction, and maintenance of roads and street, as well as consulting engineers will find the workshop invaluable. Indiana Department of Transportation personnel with responsibilities for roadway safety and review of highway safety projects will also find this program beneficial.

Hotel Information
A block of rooms is available through the University Inn at the rate of $75 plus applicable taxes. This block will be held only until June 30, 2006. Please ask for the Indiana LTAP Workshop rate. The telephone is 800-777-9808.

Registration Information
There will be a $50 registration fee for government employees and $65 for non-government. LPA claim forms, credit card, or pay vouchers will be accepted in advance. Register by completing the invoice/registration form below and return it to OCEC no later than July 7, 2006. You may fax the form to (765) 494-0567. For additional program information please contact Indiana LTAP at (800) 428-7639. For questions regarding your registration, please call Kathy Walters at (765) 494-2758 or e-mail kw@purdue.edu. Registrations received after July 7 will be charged an additional $15 per person.

Please duplicate this form for additional registrants from your agency.

Refund Policy
A full refund of the registration fee will be made if cancellation is received in writing by July 7, 2006. After July 7, 2006, no refunds will be made. Purdue University is not responsible for expenses incurred due to cancellation of the program.

6 Credits will be applied to the Road Scholar program
INVOICE / REGISTRATION FORM  
Intersection Safety Workshop  

Government: [ ] I am registering as Government . . . $50  
Non-Government: [ ] I am registering as Non-Government $65  
After 7-7-06: [ ] $65  
After 7-7-06: [ ] $80  

Name: ___________________________________  Agency: ______________________________________________
Address: _______________________________________________________________________________________
City: __________________________________________ State: ____________  Zip Code: ____________________
Phone Number: ________________________________  Fax Number: ______________________________________
E-Mail Address ____________________________________________

[ ] I require auxiliary aids and services because of disabilities. Please contact me at the above address.

THIS FORM IS YOUR INVOICE. Please return by July 7, 2006, with check, claim form, or credit card payable to: Purdue University
Fax: 765-494-0567 or mail to:  [ ] Check Enclosed  [ ] Please Invoice Me  [ ] American Express
OCEC Business Services  [ ] Visa  [ ] Master Card  [ ] Discover
Stewart Center, Room 110
128 Memorial Mall  Account Number ________________________ Expiration Date __________
West Lafayette, IN 47907-2034  Authorized Signature __________________________________________

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