

# Safety and Operational Effects of Highway Design Features on Two-Lane Rural Highways

## Mn/DOT Course

January 28-30, 2003



**Description:** This workshop focuses on two-lane rural roads. Subjects include:

- Discussion of highway project development process, including how and when key safety sensitive design decisions are made
- Discussion of the role and intent of design criteria, guidelines and standards.
- Discussion of key variables and parameters affecting design and safety.

**Audience:** State, county, city and consultant personnel involved with safety and design on 2-lane rural roads.

**Instructors:** Fred Ranck & Pete Rusch - FHWA

**Course Schedule:** **JANUARY 28, 2003** (1:00pm to 4:30pm)

**JANUARY 29, 2003** (8:00am to 4:30pm)

**JANUARY 30, 2003** (8:00am to Noon)

**Location:** Mn/DOT Training & Conference Center  
1900 West County Road I  
Shoreview, Minnesota 55126 (map will be provided to course enrollees)

**Course Fee:** **FREE**, Class size is limited, so early registration is recommended.

### Registration Procedures:

- Obtain supervisory approval before registration.
- Names must be received in priority order by January 17th to ensure space in class.
- Registrations will be accepted via Fax or mail at:

Karen Ehrisman

Minnesota Department of Transportation

Office of Business Operations . MS 684 - Suite 817

395 John Ireland Boulevard

St. Paul, Minnesota 55155

Fax: 651-296-5465

Phone for questions: 651-296-6823

- Please return one registration form for each employee.
- Agencies sending more than one person should rank them (#1 indicates the first choice, etc.)
- We are trying to accommodate as many agencies as possible.

**YOU ARE NOT REGISTERED UNTIL CONFIRMATIONS ARE SENT.**

**Cancellation Procedures:** Cancellations must be in writing, 5 working days prior to the start of class. Fax: 651-296-5465

**Lodging:** Please make your own arrangements if necessary. Within ½ mile of the Training Center, there are at least 2 hotel/motels: Days Inn 763-786-9151 and Americinn 763-786-2000

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Ranking: \_\_\_\_\_ of \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_