The Center for Urban Transportation Research at the University of South Florida will be hosting an **NTD Safety and Security** workshop on **February 14, 2008** at CUTR in Tampa. We urge you and other members of your staff who participate in preparing your agency’s Safety and Security reports to attend this seminar. We recommend you register as early as possible to secure your space.

**Program Focus**
The NTD Safety and Security workshop will introduce the new NTD Safety and Security reporting software. The course will highlight specific terminology, reporting requirements and guidance with an emphasis on assisting agency personnel to develop a greater understanding of the reporting process and compiling NTD Safety and Security reports. The agenda is designed to encourage attendee participation, questions and discussion.

**Meeting with An Analyst and FTA / NTD Staff**
NTD staff will be available to answer your questions or review the information presented during the program. Where possible, FTA representatives may also be available to participate in these discussions. You are also encouraged to request a meeting with any member(s) of the FTA / NTD Team.

**Internet Reporting**
During meetings with NTD staff, should you have questions regarding the software, the analyst will be able to walk you through the process.

**Costs**
The workshops are provided at no cost to the attendee. However, costs associated with travel, meals, hotels, etc., are the responsibility of the attendee. To register for this seminar, you may go online to [http://71.16.55.157/ssntdseminar/index.jsp](http://71.16.55.157/ssntdseminar/index.jsp) or fax the registration form on the back of this brochure. Submit one form per registrant.

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ATTN: Molly Buffington  
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4202 East Fowler Avenue—CUT 100  
Tampa, Florida 33620-5375  
buffington@cutr.usf.edu  
FAX: (813) 974-5158
Registration form to attend
NTD Safety and Security Workshop
February 14, 2008       Tampa, Florida

REGISTRANT’S NAME _____________________________________________________________

JOB TITLE _______________________________________________________________

MAJOR DUTIES & RESPONSIBILITIES _____________________________________________

SUPERVISORS NAME __________________________________________________________

EMPLOYER ___________________________________________________________________

ADDRESS ____________________________________________________________________

CITY ____________________________ STATE _______ ZIP _________________________

PHONE ______________________________________________________________________

FAX _________________________________________________________________________

EMAIL ______________________________________________________________________

COURSE TITLE ________________________________

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

YES       NO

FAX YOUR REGISTRATION FORM TO:
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Attn: Molly Buffington
University of South Florida
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