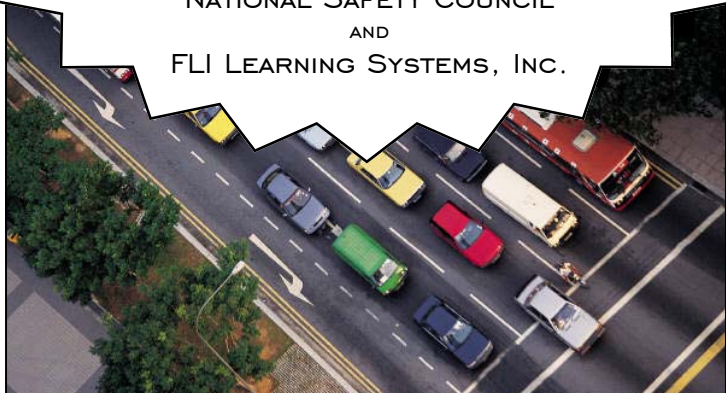


TRANSPORTING PASSENGERS WITH SPECIAL NEEDS

COURSE DEVELOPED
BY THE
NATIONAL SAFETY COUNCIL
AND
FLI LEARNING SYSTEMS, INC.



Topics Include

- VEHICLE INSPECTION PROCEDURES
- HANDLING A PASSENGER PICK-UP SITE
- DEFENSIVE DRIVING SKILL AND TECHNIQUES
- MAINTAINING A CUSHION OF SAFETY
- READING TRAFFIC PATTERNS TO AVOID HAZARDS
- ADAPTING TO CHANGING TRAFFIC PATTERNS AND ADVERSE WEATHER CONDITIONS
- BACKING CONDITIONS
- PASSENGER ASSISTANCE PROCEDURES
- EFFECTIVE COMMUNICATION SKILLS
- ASSISTING PASSENGERS IN AND OUT OF THE VEHICLE
- SAFE LIFT PROCEDURES
- SECURING PASSENGERS WITHIN THE VEHICLE

FRIDAY, JULY 29, 2005
9:00 A.M. - 3:30 P.M.
SPONSORED BY THE
CHESAPEAKE REGION
SAFETY COUNCIL

SINCE THE PASSAGE OF THE AMERICANS WITH DISABILITIES ACT, IT IS THE RESPONSIBILITY OF ORGANIZATIONS THAT TRANSPORT SPECIAL NEEDS PASSENGERS TO PROVIDE TRAINING. TODAY'S DRIVERS MUST LEARN DEFENSIVE DRIVING TECHNIQUES AND SAFE PASSENGER ASSISTANCE PROCEDURES. THROUGH INDIVIDUAL AND "DRIVER LEARNING TEAM" EXERCISES, GROUP DISCUSSION, AND HANDS-ON DEMONSTRATIONS, TRAINEES ACTIVELY PARTICIPATE IN THE LEARNING PROCESS.



Registration

\$55 FEE INCLUDES:

- 32-PAGE FULL COLOR DRIVER RESPONSE BOOK
- CERTIFICATE OF COMPLETION
- LUNCH AND REFRESHMENTS

Location

CHESAPEAKE REGION SAFETY COUNCIL
17 GOVERNOR'S COURT, SUITE 185
BALTIMORE, MD 21244

MAPS WILL BE SENT WITH CONFIRMATIONS

THREE WAYS TO REGISTER FOR: Transporting Passengers with Special Needs - Friday, July 29, 2005

1. Mail This Form 2. Fax 410-281-1350 3. Call 410-298-4770 in Baltimore - or toll free 1-800-875-4770

Send this form and payment to: **Chesapeake Region Safety Council, 17 Governor's Court, Baltimore, MD 21244**

Registrant(s) _____ Company _____

Office Use Only # 4715

_____ Company Contact _____

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

CRSC / NSC Member? (circle one) Yes No

Please indicate payment method

Check Enclosed Please Invoice PO # _____

Mastercard Visa American Express Discover

Card # _____ CID# _____

Exp. Date _____ Name on Card _____

Make checks payable to: **Chesapeake Region Safety Council**