



ASHRAE
DISTINGUISHED LECTURERS PROGRAM

FOR OFFICE USE	
<input type="checkbox"/>	Allocated visit: \$
<input type="checkbox"/>	Non-allocated visit: ☺
<input type="checkbox"/>	Pool visit: ♦

2015-16 PARTICIPATION FORM

Please confirm a speaking date, and verify the information by letter to the lecturer. Complete the information below, attach a copy of your confirmation letter, and send this form to the Chapter Technology Transfer Committee (CTTC) Region Vice-Chair for your Region. CTTC RVC contact information is available at <http://www.ashrae.org/distinguishedlecturers>.

Multi-Chapter visit requests that exceed \$2000.00 for U.S./Canada visits and \$3500.00 for International visits must be approved by the CTTC Committee. Multi-Chapter visits that do not exceed these amounts can be approved by ASHRAE staff.

1. Multi-Chapter Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Host Chapter: (see #9 below to list co-sponsors)
2. Name of Lecturer:	3. Title of Presentation:
4. Lecture Date*:	5. Date(s) of visit: <p style="text-align: center; margin: 0;">TO</p>
*Must be between July 1, 2015 and June 30, 2016	

6. Has the Chapter discussed arrangements for local transportation, hotel, meals, honorarium if needed, and miscellaneous expenses with the DL? Yes No If yes, how much? _____

Payment of these expenses, if any, is the financial responsibility of the local Chapter

7. Type/Venue of Lecture City/State/Country: _____

<input type="checkbox"/> Chapter Meeting	<input type="checkbox"/> Seminar	<input type="checkbox"/> CRC	<input type="checkbox"/> Other:
<input type="checkbox"/> Technical Session	<input type="checkbox"/> Workshop	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Banquet

8. Attendance Expected at Lecture: _____

9. If your event is co-sponsored with another local Chapter or industry organization, please indicate their name.

10. Host Chapter Technology Transfer Chair:

Name: _____ E-Mail: _____

Signature: _____ Date: _____

11. Chapter Technology Transfer RVC

Signature: _____ Date: _____

Note: The Chapter Technology Transfer Regional Vice-Chair for your Region must approve and sign this form before it is forwarded to ASHRAE headquarters.

You can expect to receive a confirmation e-mail, media kit, program information, and Event Summary Critique Form within three days of receipt of the Distinguished Lecturer Participation Form.

Return form to: chapterprograms@ashrae.org