



**ASHRAE**  
**DISTINGUISHED LECTURERS PROGRAM**

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

## 2014-15 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:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">TO</div>
*Must be between July 1, 2014 and June 30, 2015	

6. Has the lecturer requested that the chapter pay an honorarium?  Yes  No    If yes, how much?  
**Payment of honorarium, 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](mailto:chapterprograms@ashrae.org)**