



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

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

**2017-18 PARTICIPATION FORM**

This form shall be used for both single-chapter and multi-chapter visits. Please confirm speaking date(s), and verify the information in writing to the lecturer. Complete the information below, attach a copy of your confirmation correspondence, 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 CTT Committee. Multi-Chapter visits that do not exceed these amounts can be approved by ASHRAE staff.

<b>1. Host/Organizing Chapter:</b>		<b>2. Multi-Chapter Visit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Multi-Chapter Visit), please list participating Chapters, with dates:	
<b>3. Co-Sponsor</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Sponsoring Industry Organization Contact Information: _____ _____		_____	_____
_____		_____	_____
<b>4. Name of Lecturer:</b>		<b>5. Title of Presentation:</b>	
<b>6. Lecture Date*:</b>		<b>7. Date(s) of visit: TO</b>	
*Must be between July 1, 2017 and June 30, 2018*			

**8. Has each of the Host Chapters discussed arrangements for local transportation, hotel, meals, miscellaneous expenses, and honorarium, with the DL?**  Yes  No  
If yes, how much?  
\_\_\_\_\_

**Payment of these expenses is the financial responsibility of the local Chapter.**

**9. Projected Attendance, Venue and Type of Lecture Data:**

Location	Projected Attendance	Meeting Type	Venue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Meeting Type codes: \_\_\_\_\_  
 CM: Chapter Meeting      TS: Technical Session  
 Sem: Seminar              Wrk: Workshop  
 CRC: Chapters Regional Conference      O: Other

Venue Codes: \_\_\_\_\_  
 B: Breakfast      Q: Banquet  
 L: Lunch  
 D: Dinner

**10. Host Chapter(s)/Section(s) Technology Transfer Chair(s)**

Chapter :	_____	Signature:	_____	Date:	_____
Email :	_____	Printed Name:	_____		_____
Chapter:	_____	Signature:	_____	Date:	_____
Email:	_____	Printed Name:	_____		_____
Chapter:	_____	Signature:	_____	Date:	_____
Email:	_____	Printed Name:	_____		_____

Regional Vice Chair, CTTC Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Chapter Technology Transfer Regional Vice-Chair for your Region must approve and sign this form before it is forwarded to ASHRAE headquarters. You will 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. ASHRAE Headquarters will begin confirming visits on June 1, 2017.

Return form to: [chapterprograms@ashrae.org](mailto:chapterprograms@ashrae.org)