

Chapter

DL

N/A



DISTINGUISHED LECTURER/SPEAKER VISIT PREP CHECKLIST

Review the following with the Chapter:

Visit Date(s): _____

Topic(s): _____

Chapter CTTC Chair Information _____

Name: _____

Phone: _____

Email Address: _____

Discuss transportation expenses with Chapter to determine if visit is to be paid for by the Society DL Program (Allocated Visit) or by Chapter (Unallocated Visit). Chapters should attach an itinerary to this checklist.

Arrival Airport: _____

Arrival Date & Time: _____

Flight Carrier & Number: _____

Pickup Contact Information _____

Name: _____

Phone: _____

Email Address: _____

Discuss hotel arrangements with the Chapter.

Hotel Name: _____

Who is it reserved under? _____

Hotel Address: _____

Hotel Phone Number: _____

Confirmation Number: _____

Discuss meeting logistics and arrangements with the Chapter. Repeat this for every Chapter meeting, student branch activity, employer visit, and government meeting.

Meeting Date & Time: _____

Venue Name: _____

Venue Address: _____

Venue Phone Number: _____

A/V Needs: _____

Pickup Contact Information _____

Name: _____

Phone: _____

Email Address: _____

Purchase visa if needed.

Address other logistical needs. (e.g. Dietary needs, disability access, stipend, etc.).
