CHAPTER PROGRAM EVALUATION SUMMARY

(Form must also be used for Chapter Technical Sessions, Technical Seminars, Technical Programs, and Technical Tours)

CHAPTER: _____   MEETING DATE: _____

CTT CHAIR: _____   MEETING ATTENDANCE: _____

PRIOR YEAR'S AVERAGE ATTENDANCE: _____

MAIN PROGRAM: _____   TECHNICAL SESSION: _____   SEMINAR: _____

PRESENTATION TITLE: _____

PRESENTATION LENGTH (TIME): _____   NUMBER OF RATERS: _____   AVG. RATING: _____

PROGRAM ABSTRACT: _____

WOULD YOU RECOMMEND THIS TOPIC BE STRONGLY PROMOTED?   YES   NO

WOULD YOU RECOMMEND THIS SPEAKER TO OTHER CHAPTERS?   YES   NO

WOULD YOU RECOMMEND THIS SPEAKER TO BE A DISTINGUISHED   YES   NO
LECTURER (DL)?

*** IF YES, COMPLETE REMAINDER OF FORM ***

SPEAKER

    NAME: _____

    COMPANY: _____

    ADDRESS: _____

    BUSINESS PHONE: _____   EMAIL: _____

    ASHRAE MEMBER #: _____   OTHER SOCIETIES: _____

REQUIREMENTS

    HONORARIUM?   YES   NO   AMOUNT: _____

    DISTANCE WILL TRAVEL?   MILES _____

    WITHOUT REIMBURSEMENT: MILES _____

REIMBURSEMENT REQUIRED?

    TRANSPORTATION: YES   NO

    LODGING: YES   NO

    MEALS: YES   NO

* * *COMPLETE BELOW TO NOMINATE PROGRAM FOR REGIONAL SPEAKERS LIST OR BEST CHAPTER PROGRAM AFTER <u>ALL</u> ABOVE INFORMATION IS COMPLETE * * *

REGIONAL SPEAKERS LIST/BEST PROGRAM JUSTIFICATION _____

ATTENTION: CHAPTER TECHNOLOGY TRANSFER CHAIR

Please use this form to summarize the Chapter Program Evaluation Forms that are completed by chapter members at each meeting and promptly forward to CTT Regional Vice-Chair.