



**ASHRAE
DISTINGUISHED LECTURERS PROGRAM**

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

EVENT SUMMARY CRITIQUE FORM

To Host Chapter Technology Transfer Chair: Please compile the responses to #7 and #8 below using the DL Evaluation Forms submitted by your program participants and return to ASHRAE Headquarters.

1. Host Chapter: _____	2. Lecture Date: _____
3. Name of Distinguished Lecturer: _____	
4. Presentation Title: _____	
5. Attendance at Lecture: _____ Average Meeting Attendance: _____	
6. If you experienced an increase in attendance at the DL event, to which of the following do you attribute the increase in attendance (check all that apply): <input type="checkbox"/> Quality of topic presented <input type="checkbox"/> Meeting promotional Materials <input type="checkbox"/> Quality and technique of presenter	
7. Number of Raters: _____ Rated Points of DL (Average by Raters): _____	
8. Did the presentation comply with the ASHRAE Commercialism Policy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> References or displays of trade names, logos, or products. (First slide/presentation introductions are allowed) (If no, describe) <input type="checkbox"/> Inference that ASHRAE approves or endorses any product, software, or system. <input type="checkbox"/> Copies of papers, draft position papers or recommendations, brochures or other information. <input type="checkbox"/> Other: _____	
9. Objectives of your Lecture were (check one below): <input type="checkbox"/> Fully met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met	
10. Additional Comments. To assist ASHRAE in continuously improving the quality of the Distinguished Lecturers Program, your comments and feedback are very important to us. Please provide a brief assessment of the program below. If the average rated points for the DL in #7 above is below 80, please include the comments from your attendees. _____ _____	

Host Chapter Technology Transfer Chair

Signature: _____

Date: _____

NOTE: Please remember to provide a copy of this form to your Chapter Technology Transfer Regional Vice-Chair.

Return form to:
chapterprograms@ashrae.org