

		ASHRAE RAL REGIONAL LECTURER PROGRAM		FOR OFFICE USE <input type="checkbox"/> Allocated visit: \$ <input type="checkbox"/> Non-allocated visit: ☺ <input type="checkbox"/> Pool visit: ♦	
RRL 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 .					
RAL Expense Reimbursement is limited to a maximum of US \$400.00/ trip, and must be approved by the RAL DRC.					
1. Multi-Chapter Visit:		Host Chapter: (see #9 below to list co-sponsors)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ASHRAE BANAGLORE CHAPTER			
2. Name of Lecturer:			3. Title of Presentation:		
Hassan Yones			Basic of Energy Audit		
4. Lecture Date:		5. Date(s) of visit:			
20.03.2020		From: 20.03.2020		TO: 21.03.2020	
6. This is to confirm that the Chapter has discussed all the arrangements for local transportation, hotel, meals, honorarium, and miscellaneous expenses with the RRL				<input checked="" type="checkbox"/> Confirmed	
				If the honorarium applies, how much? No	
Payment of all the local expenses, if any, is the financial responsibility of the local Chapter					
7. Type/Venue of Lecture		City/State/Country:		Banaglore/Karnataka/India	
<input type="checkbox"/> Chapter Meeting		<input checked="" type="checkbox"/> Seminar		<input type="checkbox"/> CRC	
<input type="checkbox"/> Technical Session		<input type="checkbox"/> Workshop		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch	
		<input type="checkbox"/> Dinner		<input type="checkbox"/> Banquet	
8. Attendance Expected at Lecture:		<input type="checkbox"/> 75			
9. If your event is co-sponsored with another local Chapter or industry organization, please indicate their name.					
<input type="checkbox"/> No					

10. Host Chapter Technology Transfer Chair:

Name: Rajat Upadhyay

E-Mail: uprajat@gmail.com

Signature: Rajat upadhyay

Date: 04.01.2020

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 RAL Management for final approval.

Once approved by the RVC, please submit this form to: RAL.RRL.Program@gmail.com