

ASHRAE



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Chapter: _____

Meeting Date: _____

Chapter Meeting Seminar Technical Session Workshop Other: _____

Lecturer's Name: _____

Presentation Title: _____

SPEAKER/DISTINGUISHED LECTURER RATING:	Your Rating	Rated Points
▶ Rate if the presentation was consistent with the Chapter's advertised description		Maximum 20
▶ Rate the verbal style and effectiveness of the speaker		Maximum 20
▶ Rate the visual effectiveness of the presentation		Maximum 20
▶ Rate your approval of the speaker's presentation ability . Was the speaker engaging / well organized in delivering the presentation?		Maximum 20
▶ Overall evaluation of the lecturer in regard to the subject presented		Maximum 20
TOTAL POINTS		Maximum 100

In your opinion did you observe any **violations of commercialism policy**? If yes, mark the appropriate boxes:

- References, displays of trade names, logos or products (first slide/presentation introductions are allowed)
- Inference that ASHRAE approves or endorses any product, software, or system.
- Copies of papers, draft position papers or recommendations, brochures or other information.
- Other: _____

COMMENTS: (Optional)	
▶ Was a description of the presentation provided to you in advance by the Chapter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Would you say that the presentation was relevant, useful to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Would you recommend this topic to other members/chapters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Would you recommend this speaker to other members/chapters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Was the setting and environment of the presentation properly arranged (room, PA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Was this presentation co-sponsored by other groups (AIA, USGBC, IAQA, etc.): Name: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Are you involved in the HVAC industry or part of another industry? If not, in what industry are you part: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Additional Comments: _____ _____ _____	
PLEASE RETURN THIS FORM TO YOUR CHAPTER TECHNOLOGY TRANSFER COMMITTEE CHAIR	