	FOR OFFsICE USE
	☐ Allocated visit: **$**
	☐ Non-allocated visit: ☺
	☐ Pool visit: ◆

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GXGPV'UWO O CT['ETKVKSWG'HQTO

To Host Chapter Technology Transfer Chair Please compile the responses to #7 and #8 below using the RRL Event Evaluation Forms submitted by your program participants and return to RAL.RRL.Program@gmail.com

FÈ P[•oÁÔ@æ¦c^¦K	GÈ Š^&č¦^ÁÖæ^K
HÈ Þæ¦^Á¦ÁÜŒŠÁ^*å}æÁÑ&č¦^¦K	
IÈ Ú¦^•^}ææ]}ÁÁ/ãå^K	

ÍÈ Œææ}åæ}&^Áæ}ÁÑ&č¦^K _____	Œç^¦æ^^ÁT^^çã*ÁŒææ}åæ}&^KÁ _____

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☐ÁŸ^• Á☐ÁÞ[Á ☐ References or displays of trade names, logos, or products. **(First slide/presentation introductions *are* allowed)**
ÁQÁ[˙Á²^&¦ãã^¦ÁÄ ☐ Inference that ASHRAE approves or endorses any product, software, or system. Á
☐ Copies of papers, draft position papers or recommendations, brochures or other information. Á
☐ Other: Á _____

JÈ Uàn&čã^•Á¦Á[˘¦ÁÑ&č¦^¦Á^¦^¦&@&\Á}^¦^¦[¸ÉK
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]lease submit all of the attendees' individual Lecturer Evaluation forms with this summaryÈ

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Host Chapter Technology Transfer Chair

Signature: _____   Date: _____

PQVG< 'Rngcug'tgo go dgt'vq'rtqxkfg'c'eqr{'qh'vjku'hqto 'vq'{qwt'Ej cr vgt 'Vgej pqnqi {'Vtcpulgt 'Tgi kqpcn'Xleg/Ej ckt0'

Return form to:
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