

## Check Sheet for Scheduling a PDR/CDR

Team Name: \_\_\_\_\_

Members Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PDR    CDR – circle one

\_\_\_\_\_ 1.    Time scheduled in Master Book  
Date \_\_\_\_\_    Time \_\_\_\_\_    Room No. \_\_\_\_\_

\_\_\_\_\_ 2.    Above date/time acceptable to all involved:

\_\_\_\_\_ Client(s)

\_\_\_\_\_ Technical Advisor(s)

\_\_\_\_\_ Management

\_\_\_\_\_ 3.    Report above information to Mrs. Trena Rogers Room 101 SEB

Unless this form is turned in to Mrs. Rogers, your presentation time WILL NOT be scheduled.