**Check Sheet for Scheduling a PDR/CDR**

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

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

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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 Trena Rogers Room 101 SEB

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