

SUBJECT		<small>GUIDE</small>	<small>TEAM LEAD</small>	<small>NOTETAKER</small>	<small>CUSTOMER</small>

TO (REQUEST)		C. (INFO ON)	

PURPOSE		<input type="checkbox"/> Project Management
		<input type="checkbox"/> Design Review
		<input type="checkbox"/> Needs Assessment
		<input type="checkbox"/> Other

<small>DATE</small>	<small>TIME</small>	<small>LOCATION</small>	OVERALL RESULTS	<div style="border: 1px solid black; width: 30px; height: 30px; border-radius: 50%; margin: auto;"></div>

ATTENDEES	<small>NAME</small>	<small>COMPANY</small>	<small>TITLE</small>	<small>NAME</small>	<small>COMPANY</small>	<small>TITLE</small>

AGENDA	1. _____	5. _____
	2. _____	6. _____
	3. _____	7. _____
	4. _____	8. _____

CONCLUSION	<input type="checkbox"/> _____
	<input type="checkbox"/> _____ <input type="checkbox"/> _____

ATTACH	<input type="checkbox"/> Follow-Up Matrix Attached
	<input type="checkbox"/> Schedule / Timeline Attached
	<input type="checkbox"/> Problem Follow Sheets Attached
	<input type="checkbox"/> Other: _____

