



Title \_\_\_\_\_ Date Scheduled: \_\_\_\_\_  
 Purpose \_\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_  
 Results Desired \_\_\_\_\_  
 Location \_\_\_\_\_

SCHEDULED			ACTUAL		
Start :	Stop :	Total Hrs :	Start :	Stop :	Total Hrs :
<b>Persons Invited/Attending <input checked="" type="checkbox"/> Present</b>					
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<b>Items To Be Discussed <input checked="" type="checkbox"/> Completed</b>					
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
<b>Materials Needed</b>			<b>Person Responsible</b>		
1					
2					
3					