

D*I*Y planner

Welcome to D*I*Y Planner 2.0!

You are looking at the main template file for the **D*I*Y Planner** kit, developed by Douglas Johnston of [a million monkeys typing](http://www.douglasjohnston.net). In this package, you will also find files for covers, creating receipt envelopes, and printing GTD diagrams. If you haven't already, please take some time to peruse the included Handbook: it describes how to print and use these templates, and gives suggestions on how best to set up a basic **D*I*Y Planner** system.

The most recent version of this package can always be found at:
<http://www.douglasjohnston.net/templates/>

The designer welcomes suggestions for modifications to these forms, as well as for new ones in future versions. Stay tuned to his [website](http://www.douglasjohnston.net) for more templates, more covers, more gear, and seemingly random musings from a primate mind.

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The diagrams in the file `diyplanner2_gtd.pdf` are from the David Allen Company website, and do not fall under the above copyright or license. They are included as a courtesy, simply resized and positioned to fit a 5.5"x8.5" planner, and are subject to removal at a later date. See the notices on each page for credits and ownership, and the Handbook for direct download links.

Certain templates are inspired by the writings of David Allen and Stephen R. Covey, among others. These are noted with a by-line at the base of the page. Ideas implemented within these forms are used to encourage usage of these systems, and may contain elements under copyright or trademark. If you would like to make the most of these templates, buy their books! (See the accompanying Handbook for more information.)

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Personal Profile

| CONTACT INFORMATION | | |
|---------------------|--------|--------------|
| NAME | | |
| Address | | |
| Telephone | Work | Fax |
| | Mobile | Home |
| | Other | |
| Email | | |
| Messenger | | |
| Website | | |
| | | |
| EMERGENCY | | |
| NOTIFY | | Relationship |
| Address | | |
| Telephone | | |
| Email | | |
| Medical Issues | | |
| Insurance | | |
| NOTES | | |
| | | |
| | | |
| | | |



Personal Profile

| CONTACT INFORMATION | | |
|---------------------|--------|--------------|
| NAME | | |
| Address | | |
| Telephone | Work | Fax |
| | Mobile | Home |
| | Other | |
| Email | | |
| Messenger | | |
| Website | | |
| | | |
| EMERGENCY | | |
| NOTIFY | | Relationship |
| Address | | |
| Telephone | | |
| Email | | |
| Medical Issues | | |
| Insurance | | |
| NOTES | | |
| | | |
| | | |
| | | |



Important Numbers

MEDICAL & EMERGENCY

| | | |
|-----------------|--|---------|
| Hospital | | |
| Doctor | | |
| Poison Control | | |
| Dentist | | |
| Veterinarian | | |
| Insurance | | Account |
| Police | | |
| Fire Department | | |

HOME & AUTOMOTIVE

| | | |
|-----------|-----------|-------------|
| Landlord | | |
| Garage | | |
| Insurance | | Account |
| Services | Plumber | Electrician |
| | Carpenter | |

FINANCIAL

| | | |
|---|--|---------|
| Accountant | | |
| Accounts (Saving, Chequing, Credit Cards) | | Account |
| | | Account |
| | | Account |
| | | Account |

OTHER

Important Numbers

MEDICAL & EMERGENCY

| | | |
|-----------------|--|---------|
| Hospital | | |
| Doctor | | |
| Poison Control | | |
| Dentist | | |
| Veterinarian | | |
| Insurance | | Account |
| Police | | |
| Fire Department | | |

HOME & AUTOMOTIVE

| | | |
|-----------|-----------|-------------|
| Landlord | | |
| Garage | | |
| Insurance | | Account |
| Services | Plumber | Electrician |
| | Carpenter | |

FINANCIAL

| | | |
|---|--|---------|
| Accountant | | |
| Accounts (Saving, Chequing, Credit Cards) | | Account |
| | | Account |
| | | Account |
| | | Account |

OTHER

[illegible][illegible]

Day Keeper

Day _____ Date _____

| DAILY | ACTIONS |
|-------|--------------------------|
| 8 | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> |

| EVENING | NOTES |
|---------|-------|
| | |
| | |
| | |
| | |

Day Keeper

Day _____ Date _____

| DAILY | ACTIONS |
|-------|--------------------------|
| 8 | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> |

| EVENING | NOTES |
|---------|-------|
| | |
| | |
| | |
| | |

Day Keeper

Day _____ Date _____



| DAILY | ACTIONS |
|-------|--------------------------|
| 8 | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> |

| EVENING | NOTES |
|---------|-------|
| | |
| | |
| | |
| | |

Day Keeper

Day _____ Date _____



| DAILY | ACTIONS |
|-------|--------------------------|
| 8 | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> |

| EVENING | NOTES |
|---------|-------|
| | |
| | |
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| | |

Weekly Planning

Week of _____

[illegible]

Weekly Planning

Week of _____

[illegible]

Weekly Planning

Week of _____

Week of _____

[illegible]

Weekly Planning

Week of _____

Week of _____

[illegible]

Year _____

Month _____

[illegible]

Year _____

Month _____

[illegible]

Weeks _____

[illegible]

Weeks _____

[illegible]

Covey Weekly

| ROLES | GOALS | ACTIONS |
|--------------------|--------------------|--------------------------|
| Sharpening the Saw | | <input type="checkbox"/> |
| | Physical | |
| | Social / Emotional | |
| | Mental | |
| | Spiritual | <input type="checkbox"/> |
| Role # 1 | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | |
| Role # 2 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 3 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 4 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 5 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 6 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 7 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |

Based upon the writings of Stephen R. Covey

Covey Weekly

| ROLES | GOALS | ACTIONS |
|--------------------|--------------------|--------------------------|
| Sharpening the Saw | | <input type="checkbox"/> |
| | Physical | |
| | Social / Emotional | |
| | Mental | |
| | Spiritual | <input type="checkbox"/> |
| Role # 1 | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | |
| Role # 2 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 3 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 4 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 5 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 6 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |
| Role # 7 | | <input type="checkbox"/> |
| | | |
| | | <input type="checkbox"/> |

Based upon the writings of Stephen R. Covey

Covey Weekly

| ROLES | GOALS | ACTIONS |
|--------------------|--------------------|---------|
| Sharpening the Saw | Physical | |
| | Social / Emotional | |
| | Mental | |
| | Spiritual | |
| Role # 1 | | |
| | | |
| Role # 2 | | |
| | | |
| Role # 3 | | |
| | | |
| Role # 4 | | |
| | | |
| Role # 5 | | |
| | | |
| Role # 6 | | |
| | | |
| Role # 7 | | |
| | | |

Based upon the writings of Stephen R. Covey

Covey Weekly

| ROLES | GOALS | ACTIONS |
|--------------------|--------------------|---------|
| Sharpening the Saw | Physical | |
| | Social / Emotional | |
| | Mental | |
| | Spiritual | |
| Role # 1 | | |
| | | |
| Role # 2 | | |
| | | |
| Role # 3 | | |
| | | |
| Role # 4 | | |
| | | |
| Role # 5 | | |
| | | |
| Role # 6 | | |
| | | |
| Role # 7 | | |
| | | |

Based upon the writings of Stephen R. Covey

GTD All-In-One

[illegible]

NOTES

GTD All-In-One

[illegible]

NOTES

GTD All-In-One

NEXT ACTIONS

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
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WAITING FOR

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| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
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| <input type="checkbox"/> | |
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| <input type="checkbox"/> | |
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NOTES

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GTD All-In-One

NEXT ACTIONS

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| <input type="checkbox"/> |
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WAITING FOR

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| <input type="checkbox"/> | |

NOTES

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Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Next Actions

Context _____

[illegible]

Context _____

[illegible]

Waiting For

Context _____

[illegible]

Waiting For

Context _____

[illegible]

Agendas

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <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"/> | | |
| Notes | | |
| | | |

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

Agendas

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

Agendas

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

Agendas

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

| Person / Meeting | | |
|--------------------------|--|------|
| PR | | DATE |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
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| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Notes | | |
| | | |

[illegible][illegible]

[illegible]

[illegible]

Someday/Maybe Projects _____

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

Someday/Maybe Projects _____

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

Someday/Maybe Projects _____

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

Someday/Maybe Projects _____

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

| Idea | |
|-------------------------|--|
| Description / Objective | |
| Notes | |
| <div></div> | |

[illegible][illegible]

Based upon the writings of Stephen R. Covey

Based upon the writings of Stephen R. Covey

Objectives

Objective

Ref.

Target Date

Description

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |

Outcome

Objective

Ref.

Target Date

Description

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |

Outcome

Objectives

Objective

Ref.

Target Date

Description

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
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| <div></div> | | |
| <div></div> | | |

Outcome

Objective

Ref.

Target Date

Description

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |

Outcome

Objectives

Objective

✓

Description

Ref

Target Date

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |

Outcome

Objective

✓

Description

Ref

Target Date

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |

Outcome

Objectives

Objective

✓

Description

Ref

Target Date

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
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| <div></div> | | |

Outcome

Objective

✓

Description

Ref

Target Date

Benefits

Obstacles

| PR | STEPS | DATE |
|-------------|-------|------|
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |
| <div></div> | | |

Outcome

Covey Quadrant

Ref. _____

| Title | Date |
|------------------------------|---------------------------------|
| URGENCY | |
| I - Urgent / Important | II - Not Urgent / Important |
| III - Urgent / Not Important | IV - Not Urgent / Not Important |

Covey Quadrant

Ref. _____

| Title | Date |
|------------------------------|---------------------------------|
| URGENCY | |
| I - Urgent / Important | II - Not Urgent / Important |
| III - Urgent / Not Important | IV - Not Urgent / Not Important |

Covey Quadrant

Ref. _____

| Title | Date |
|------------------------------|---------------------------------|
| URGENCY | |
| I - Urgent / Important | II - Not Urgent / Important |
| III - Urgent / Not Important | IV - Not Urgent / Not Important |

Covey Quadrant

Ref. _____

| Title | Date |
|------------------------------|---------------------------------|
| URGENCY | |
| I - Urgent / Important | II - Not Urgent / Important |
| III - Urgent / Not Important | IV - Not Urgent / Not Important |

To Do

Subject _____

[illegible]

To Do

Subject _____

[illegible]

To Do

Subject _____

[illegible]

To Do

Subject _____

[illegible]

Project Details

Ref. _____

Title

FOR

START DATE

TARGET DATE

Description / Objective

Basic Resources

Brainstorming / Notes

Project Details

Ref. _____

Title

FOR

START DATE

TARGET DATE

Description / Objective

Basic Resources

Brainstorming / Notes

Ref. _____

[illegible]

Ref. _____

[illegible]

Project Outline

Ref. _____

[illegible]

Project Outline

Ref. _____

[illegible]

Ref. _____

[illegible]

Ref. _____

[illegible]

Project Notes

Ref. _____

Title

Project Notes

Ref. _____

Title

Project Notes

Ref. _____

Title

Project Notes

Ref. _____

Title

Contact Log

Ref. _____

[illegible]

Contact Log

Ref. _____

[illegible]

Ref. _____

[illegible]

Ref. _____

[illegible]

Sources

Category _____

| | | |
|---------|-------|---------|
| Name | | |
| Contact | | Account |
| Address | Phone | |
| | Fax | |
| | Email | |
| Hours | Web | |
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Sources

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Notes

Subject _____

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[illegible]

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Cornell Notes

Subject _____

| CUES | NOTES |
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Cornell Notes

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Brainstorm

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Title

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Title

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[illegible][illegible]

Downloaded from <http://ajphaphysiol.org/> by guest on September 11, 2012

Downloaded from <http://ajphaphysiol.org/> by guest on September 11, 2012

Matrix

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Matrix

[illegible]

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Trip Diary

Ref. _____

| Note | | | | |
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Trip Diary

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Trip Diary

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Trip Diary

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To Buy _____

[illegible]

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Finances

Ref. _____

[illegible]

Finances

Ref. _____

[illegible]

Ref. _____

[illegible]

Ref. _____

[illegible]

Equipment

[illegible]

Equipment

[illegible]

Job Search

| | |
|--------------|--|
| | |
| Position | |
| Company | Ref. # |
| Source | Deadline <input checked="" type="checkbox"/> |
| Contact | |
| Description | |
| Requisites | |
| PR | |
| Strengths | |
| PR | |
| Obstacles | |
| PR | |
| Date Applied | Materials Sent |

Job Search

| | |
|--------------|--|
| | |
| Position | |
| Company | Ref. # |
| Source | Deadline <input checked="" type="checkbox"/> |
| Contact | |
| Description | |
| Requisites | |
| PR | |
| Strengths | |
| PR | |
| Obstacles | |
| PR | |
| Date Applied | Materials Sent |

Job Search

| | | |
|----------------|------------------|---|
| Contact Log | | |
| Title | | |
| Company | | |
| Contact per Ad | | |
| | | |
| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
| | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| Note Ref. | | |
| | | |
| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
| | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| Note Ref. | | |
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| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
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| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
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| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
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| Note Ref. | | |
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Job Search

| | | |
|----------------|------------------|---|
| Contact Log | | |
| Title | | |
| Company | | |
| Contact per Ad | | |
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| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
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| Date / Time | Person / Contact | Follow-up Date |
| | Outcome | Me Them |
| | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| Note Ref. | | |
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Story Idea

Ref. _____

Working Title

Summary

People

Time / Place

Brainstorming / Notes

Story Idea

Ref. _____

Working Title

Summary

People

Time / Place

Brainstorming / Notes

Story Idea

Ref. _____

Working Title

Summary

People

Time / Place

Brainstorming / Notes

Story Idea

Ref. _____

Working Title

Summary

People

Time / Place

Brainstorming / Notes

Site Name

Client

Purpose

Target

Preliminary Design (4x3 Proportions)

Design Notes

Site Name

Client

Purpose

Target

Preliminary Design (4x3 Proportions)

Design Notes

Web Design I

Ref. _____

Site Name

Client

Purpose

Target

Preliminary Design (4x3 Proportions)

Design Notes

Web Design I

Ref. _____

Site Name

Client

Purpose

Target

Preliminary Design (4x3 Proportions)

Design Notes

Web Design II

Ref. _____

| Site Name | | |
|-------------------|------|--------------|
| Design Revision # | Date | Conducted By |

[illegible][illegible]

4 x 3 Proportions

Signed off by _____ Date _____

Web Design II

Ref. _____

| | | |
|-------------------|------|--------------|
| | | |
| Site Name | | |
| Design Revision # | Date | Conducted By |

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4 x 3 Proportions

Signed off by _____ Date _____

Ref. _____

Signed off by _____ Date _____

Ref. _____

Signed off by _____ Date _____