**Baylor College of Medicine**

 ***Committee Schedule***

***Program Mock Visit***

***Enter Dates***

**Day, Month/Date, Year**

8:30 - 9:30 a.m. **Session Title,** Session Description **[Room]**

**Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

9:30 - 10:45 a.m. **Tour**, Session Description

10:45 – 11:00 a.m. **Break**

11:00– 12:00 p.m. **Session Title**, Session Description **Room]**

**Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

12:00 – 1:00 p.m. **(Lunch)**, Sessions Description **[Room]**

**Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

1:00 - 2:00 p.m. **Session Title**, Session Description **[Room]**

**Participant**, Credentials and Title

 **Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

2:00 – 3:30 p.m. **Session Title**, Session Description **[Room]**

3:30 – 4:00 p.m. **Session Title**, Session Description **[Room]**

**Participant**, Credentials and Title

**Participant**, Credentials and Title

**Participant**, Credentials and Title

6:30 pm Dinner

**Day, Month/Date, Year**

11:00 – 11:30 a.m. **Session Title**, Session Description **[Room]**

11:30 a.m. – 1:00 p.m. Lunch