ScheduleACE Demo Survey

To be completed by a representative of Ryte Byte before demo.

FAX the completed form to Ryte Byte, Inc. at (608)356-0312

Filled out by:_____

Date:_____

Type of business:	Firewall:	OS version of demo computer:

Internet connection type:
56K, DSL, T1

Organization Name (location where demo will take place)

Address

City, State Zip

Web Address

Primary Phone

Email address

FAX

Others viewing this demo

Main Contacts

Date of demo:

Time of demo:

Phone # of demo site:

Setup Details:

☐ Speaker phone will be used

☐ Upload ScheduleACE evaluation before demo

☐ Multiple site demo (if so send VNC instructions)

Default schedule **start** time

Default schedule **end** time

Default number of days to show

Resources:

Appointment Types:

Code	Description	Color	Duration

Status Codes:

Code	Description and color

Result Codes:

Code	Description and color