

# Video Conference Request Form

## Details of Person Requesting Service

Name  CWL  E-mail  Phone

Will you be participating?

## Videconference Details

Date  Set-up completion Time  Start Time  End Time

Meeting  Meeting with Presentation  Class  Class with Presentation

## Videoconference Pre-test

\*Minimum 7 business days prior to VC required

Date of Pre-test  Start Time  End Time

## Audio Conference Details

\*To serve as backup should video link be disrupted

Phone

## Remote Site Details

### Technical Contact

Name  E-mail  Phone

## Where are you calling from?

Location  Room Number  Number People   
Company/Institution  
City  
Country  
Time Zone  Time Difference

VC Equipment   IP Address  ISDN #

## Who will you be calling?

Location  Room Number  Number People   
Company/Institution  
City  
Country  
Time Zone  Time Difference

VC Equipment   IP Address  ISDN #

## Additional comments: