

**VIDEO CONFERENCE REQUEST FORM** Today's Date \_\_\_\_\_

Title of Class or Program: \_\_\_\_\_

Date of Conference: (1 Week minimum notice req'd) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dept: \_\_\_\_\_ Bill Budget #: \_\_\_\_\_

Law Center Room #: \_\_\_\_\_ Number of people in room: \_\_\_\_\_

Name of Remote Site: \_\_\_\_\_

Video Conference begins at: \_\_\_\_\_ ends at: \_\_\_\_\_

2 Way Interactive \_\_\_\_\_ Or 1 Way Viewing \_\_\_\_\_

Who will originate call ? Law Ctr \_\_\_\_\_ Off Campus \_\_\_\_\_

Remote Site Video Conference Phone or IP # \_\_\_\_\_

Technical Contact at Remote Site \_\_\_\_\_

Their Phone # \_\_\_\_\_ Email \_\_\_\_\_

Different time zone(s)? \_\_\_\_\_ Overseas? \_\_\_\_\_

Special Remarks:

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**I.S.T. USE ONLY**

PRE-TEST DATE & TIME \_\_\_\_\_ EQUIPMENT USED: \_\_\_\_\_

SETUP: \_\_\_\_\_ TAKE DOWN: \_\_\_\_\_

TRANSMIT SPEED \_\_\_\_\_ TECH. TIME: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_