

Date: \_\_\_\_\_ Rcv'd By: \_\_\_\_\_ Event #: \_\_\_\_\_ Job Completed By: \_\_\_\_\_

## ***VIDEO CONFERENCE REQUEST FORM***

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

Dept: \_\_\_\_\_ Fax: \_\_\_\_\_  
M&D SON NSG HWH SMH EDC HH other \_\_\_\_\_

Box: \_\_\_\_\_ E-mail: Global Other \_\_\_\_\_

Please Check: SMH SMD SON CME Program  
Strong Health Other \_\_\_\_\_

### **Requested Dates:**

First Choice Second Choice  
Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Location/Room #: \_\_\_\_\_ First Time User

Meeting locations currently wired for videoconferencing:

K-207 2-6408	ACF-A 2-1322	ACF-D 2-1359
K-307 3-6408	ACF-B 2-1318	ACF-E 2-1357
Whipple 2-6424	ACF-C 2-1361	Louise Slaughter 1-9555
Class of '62 Auditorium 1-9525		

Additional AV Needs: Slide Presentation (Elmo MCM) Computer Presentation  
Overhead Presentation VCR

### **Farsite/Participating Information:**

Organization: \_\_\_\_\_ Location (County, City, State): \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

***For Technical questions contact Frank Mitchell 3-2920.***

### **Comments & Special Requests:**

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Completed forms are to be returned to the Office for Educational Resources, rm 2-7507, Box 709,  
Global E-mail: RoomScheduler, or fax 756-5328.

rev. 8/13/04

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## Office Use Only

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Requisition:      Attached (#) \_\_\_\_\_      Pending

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rev. 8/13/04