

Video Conference/WebCast Technical Request

Please return this form to SCOE Information Technology or fax to 524-2932 TEN days if initiating or at least FIVE days prior to the event for reserving hardware equipment.

SCOE Contact Information:

Today's Date: _____ Department _____

Name: _____ Phone # _____

Email: _____ to send a confirmation.

Did you receive an Email inviting you to a Video Conference/WebCast?(please attach) YES NO

Is SCOE **initiating** the Video Conference/WebCast ? YES NO

Event Date: _____ Meeting Start Time: _____:_____ End Time: _____:_____

Moderator: _____ Phone: _____

Organization: _____

Event Name: _____

Description of Event: _____

Location:

Board Room Business Conf C&I Conf Gravenstein IT Madrone Oak D

Oak E Personnel Conf Redwood A Redwood B Redwood C

Other: _____

Expected number of remote sites: _____ Expected number of attendees at SCOE: _____

Technical Contact on other end:

A Video Conference/Webcast may require one side to telephone the other. To arrange the conference, please provide information for the technical contact person(s) at other sites of your conference.

Name _____ Phone: _____

Email: _____ Test Date: _____

Name _____ Phone: _____

Email: _____ Test Date: _____

Name _____ Phone: _____

Email: _____ Test Date: _____

Office use Only: FogBugz # _____

IP # _____ PIN or PASSWORD _____

Web Link _____ Event ID # _____