

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: _____

Did you receive an Email inviting you to a Video Conference/WebCast?(please attach)

Is SCOE initiating the Video Conference/WebCast ?

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

Moderator: _____ Phone: _____

Organization: _____

Event Name: _____ Record Event: _____

Description of Event: _____

Presenter Needs: Internet Access

PC/Mac Laptop:

Software:

Location: Board Room Business Conf C&I Conf Gravenstein IT Conf

Madrone Oak D Oak E Redwood A Redwood B Redwood C

Other: _____

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

Technical Contacts 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: _____

Name _____ Phone: _____

Email: _____

Name _____ Phone: _____

Email: _____