

Video Conferencing Technician Assistance Reservation Form

MTS or MPC Video Conference Location:

Near End Participant(s) Information

Administrative Contact:

Phone #:

E-Mail:

Pager/Cell #:

Participant(s):

Phone #:

E-Mail:

Pager/Cell #:

MTS Tech :

Phone #:

Far End Participant(s) Information

Company/Organization Name:

Time Zone Info (+/- hrs.from EST):

Geographical Location: City:

State:

Country:

Administrative Contact:

Phone #:

E-Mail:

Pager/Cell #:

Participant(s):

Phone #:

E-Mail:

Pager/Cell#:

Far End Tech: (1)

Phone #:

E-Mail:

Pager/Cell #:

Far End Tech: (2)

Phone#:

E-Mail:

Pager/Cell #:

Testing Information

(room booked: -

Date of Test:

Connection Time (Eastern Standard):

Who will dial?

MTS

FAR END

Call to be conducted on which network type?

ISDN

Internet/I.P.

Far End's Dialing Speed (circle): **112k 128k 224k 256k 336k 384k other_____**

Far End's Video Dial-Up # or I.P Address:

Conference Type:

Point-to-Point

Multipoint (bridged)

Video Conf. Site Voice Phone #:

Far End Video Conference Site Name:

Actual Video Conference Information

(room booked: -

Date of Conference:

Connection Time (Eastern Standard):

Who will dial?

MTS

FAR END

Actual Event Start Time:

Call to be conducted on which network type?

ISDN

Internet/I.P.

Far End's Dialing Speed (circle): **112k 128k 224k 256k 336k 384k**

Far End's Video Dial-Up # or I.P Address:

Conference Type:

Point-to-Point

Multipoint (bridged)

Video Conf. Site Voice Phone #:

Far End Video Conference Site Name:

Conference Purpose:

Research/Classroom Discussion

Consulting

Billing Code:

NOTES / ADDITIONAL PRESENTATION NEEDS: