

# Videoconference Request Form

(Please reserve a Southern Tech Room before making video request.)

Name:  Phone:

Department:

Email:

Name / Type of Event:

Date of Event:  Number of Attendees:  Room Reserved:  Yes  No Room No:

Start Time:   A.M.  P.M. (Central Time)

End Time:   A.M.  P.M. (Central Time)

## **Originating Site Contact Information:**

Name:  Phone:

Email:

University/Organization:

## **Technical Contact Information:**

Name:  Phone:  Cell Phone:

## **Connection Information:**

IP Address:  Connection Speed:

MCU Address:  Connection Speed:

Who will initiate the call?  Southern Tech:  Originating Site:

## **Additional Details:**

Please provide any details about your event that may need further explanation or were not addressed above.

All videoconference requests should be submitted prior to the event to allow time for systems testing. Requests are processed in the order in which they are received. You will be contacted within 2 days to confirm receipt of your request. If you have any questions about filling out this form, please contact Brandon Thompson, Information Technology Coordinator by email at [bthompson@sotech.edu](mailto:bthompson@sotech.edu).