

Videoconference Request Form

(Please reserve an SOTC 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? SOTC: 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 at least 2 weeks 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 SOTC Information Technology Coordinator by email at bthompson@soc.edu.

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