

HawCC Conference Room Video Conference Request Form

Contact Person:	
Requesting Dept / Agency:	
Phone:	
Fax:	
e-Mail:	

Title/ Purpose of Meeting:	
Meeting Date(s):	
Start Time:	
End Time:	

Participating Sites:	IP Address:	Technical Contact:	Phone #:	e-Mail:

Site to Generate Call:	<input type="checkbox"/> Hilo Conference Rm. 6A	<input type="checkbox"/> Hilo Conference Rm. 6B	<input type="checkbox"/> Other Site:
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Have you received any Polycom Training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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*Note: If no training has been received, request training one week prior to meeting date.

Do you need technical support during your meeting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(Refer to <http://www.hawaii.edu/dlus/videoconference/resources/h323endpointdirectory.html> for Statewide Video Conference Directory)

Note: If you plan on connecting to Title III facilities, please contact Monica Burnett @ 974-7486 for a Facilities Request form. Additional peripheral device request should be submitted two weeks in advance.

Additional Comments: IMPORTANT:	
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SUBMIT COMPLETED FORM TO Neal Uehara (nealu@hawaii.edu, 933-9990) BLDG. 386 RM. 5