

# Video Conferencing Scheduling Form

<b>TELL US ABOUT YOU:</b>	
Name:	
Telephone:	
Group or Organization Affiliation:	
Date of Video Conference:	
Time of Video Conference:	
Length of Video Conference:	
Purpose of Video Conference:	
Date and time of test run? (allow approximately 30 minutes)	
<b>TELL US ABOUT WHO YOU WILL CONFERENCE WITH:</b>	
Name:	
Telephone:	
Group or Organization:	
Location: City, State Country:	
Time Zone:	
Name and Model of Video Conference Equipment:	
IP Address:	
Room Telephone Number where equipment is located:	