



(Office use only)

Date Received: _____

Log Number: _____

Logged by: _____

Request for a Videoconferencing Event with an off-Campus site

OIT Connect: 458-5555 Office: BB 2.01.20L

OIT Connect Incident Report Number:

Faculty/Staff Name:

Email Address:

Direct Contact Name of someone attending event:

Organization:

Office Location:

Phone:

Videoconference Event Name:

Videoconference type:

(Please check one)

Meeting

Lecture

Seminar

Interview

Date of Videoconference:

Start
Time:

(CT)

Finish
Time:

(CT)

Which Campus is your preference? *(Please check one)*

Main

Downtown

How many people will be attending?

What is the name of person(s) and their University, Institution, or Company site you wish to connect to?

Provide information on a technical contact from the site you wish to connect to:

Name & Title:

E-mail:

Phone Number:

Fax:

If an IP video call is not available, does your department have funds to cover any ISDN long distance charges incurred? Yes No

Do you need to use the following equipment? *(Please check)*

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| • Document Camera | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Show a VHS/DVD video | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Computer Interface to show presentation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Record videoconference | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

(Office use only)

Confirmation of Event

Date of Test Call:

VC / ITV Room Assigned:

Was test call successful?

IP # or ISDN #'s of remote site:

Which site will initiate the video call for the VC?

Contact name & phone # of remote site during conference:

UTSA tech/coordinator & phone # during conference:

Notes: