



(Office use only)
Date Received: _____
Log Number: _____
Logged by: _____

Request for a Videoconferencing Meeting within the Tri-Campus

OIT Connect: 458-5555 Office: BB 2.01.20L

OIT Connect Incident Report Number:

UTSA Requester's name:	Email:
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Direct Contact Name of someone attending event:

Department:	Office Location:	Phone:
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Videoconference Event Name:

Videoconference type: <i>(Please check one)</i>	<input type="checkbox"/> Meeting	<input type="checkbox"/> Lecture	<input type="checkbox"/> Seminar	<input type="checkbox"/> Interview
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Date of Videoconference:	Start Time: (CT)	Finish Time: (CT)
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Which UTSA Campus will you participate from?	<input type="checkbox"/> Main	<input type="checkbox"/> Downtown	<input type="checkbox"/> ITC
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How many people will be attending at each site?	Main	Downtown	ITC
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Additional Comments:

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 VC:	VC Rooms Assigned:	IP # of codec unit that will be used:
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UTSA tech/coordinator & phone # during meeting:

Notes: