

Videoconferencing Request Form

Guidelines

- Detailed information on planning a videoconference can be found at <http://icsde.ifas.ufl.edu>
- Videoconference requests** must be made **at least one week prior** to the scheduled conference date.
- Cancellations** must be made **at least 48 hours prior** to the scheduled conference date.
- It is the requester's responsibility** to schedule room and assistance at all participating sites, (see contact Info).
- One VHS copy of the conference can be requested at no charge. Additional copies are \$5.00 each. Rates are subject to change.

Center Contact Information

Mail or Fax requests to:

Ron Thomas or Aaron Sotala
IFAS Communication Services
G005 McCarty Hall, P.O. Box 110145
Fax: (352) 392-3896

Questions:

Phone: (352) 392-3893
General: Contact Glen Graham or Aaron Sotala
Technical: Contact Ron Thomas

Requester Contact Information *(Very Important: Person to be contacted to make changes, if necessary)*

Requester: _____ Request Date: _____

Department, REC, or County Office: _____

Campus Phone or SUNCOM: _____ Fax: _____

Email: _____ Confirmation Preference (check one) Phone Email

Videoconference Description

Videoconference Name/Purpose: _____

Videoconference Date: _____ Start Time (ET): _____ Stop Time (ET): _____

Number of Presenters: _____

Videoconference Dialed by: Video & Collaboration Services IFAS Communication Services Self

Special Equipment Needs

Play Video: CD DVD VHS

Streaming Other: _____

Videotape Copies Requested: _____

Videoconference Locations

Check all that apply:

- | | |
|---|-------------|
| <input type="checkbox"/> Apopka | Room: _____ |
| <input type="checkbox"/> Balm | Room: _____ |
| <input type="checkbox"/> Belle Glade | Room: _____ |
| <input type="checkbox"/> Ft. Lauderdale | Room: _____ |
| <input type="checkbox"/> Ft. Pierce | Room: _____ |
| <input type="checkbox"/> Gainesville | Room: _____ |
| <input type="checkbox"/> Homestead | Room: _____ |
| <input type="checkbox"/> Immokalee | Room: _____ |
| <input type="checkbox"/> Lake Alfred | Room: _____ |
| <input type="checkbox"/> Milton | Room: _____ |
| <input type="checkbox"/> Ona | Room: _____ |
| <input type="checkbox"/> Plant City | Room: _____ |
| <input type="checkbox"/> Quincy | Room: _____ |
| <input type="checkbox"/> Vero Beach | Room: _____ |
| <input type="checkbox"/> Other _____ | |
| IP Address (if known) _____ | |

