VIDEO TELECONFERENCING REQUEST FORM

1. Name of Requestor:
2. Date of VTC:
3. Time of VTC (Start and End):
4. Remote location:
5. Name of Participant at Remote End:
6. Type of Connection:
7. Do you want the conference recorded:
	1. If So do you want a Composite Video with Audio file
	2. An Audio only file
	3. Both
8. Contact Information of Remote Technical staff for us to test with if not an OSC field office:
	1. Name
	2. Phone
	3. E-mail