

## Video Conference Request Form

Contact Name  Office Phone

Title/Department  Office Fax

Name of Conference

Date of Conference  Contact Email

Start time  Time Zone

**Please set time to  
YOUR time zone.  
We will adjust to  
Central time from  
your given times.**

End time  Time Zone

Number of People  Purpose of Event

Video Conference Site

**Please list contact information by site. If you have multiple sites, then list contact info for each site.**

Contact Name Site 1

Contact Email Site 1

Office Phone  Office Fax

Location

IP Number

Contact Name Site 2

Contact Email Site 2

Office Phone  Office Fax

Location

IP Number

## Billing Information

Contact Name	<input type="text"/>	Office Phone	<input type="text"/>
Title/Department	<input type="text"/>	Office Fax	<input type="text"/>
Contact Email	<input type="text"/>		
Street/ PO BOX	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>
Method of Payment	<input type="text"/>		

***Please note that if you are paying by Credit Card we must be contacted.***

### **Contact Information:**

#### **Center for Extended and Distance Education**

Austin Peay State University

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Clarksville TN 37044

Phone: 931-221-7816

Fax: 931-221-7748

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