



Teleconference Request Form

Please complete and return 24 hrs. Prior to Event

Event Title: _____

Event Date: _____

Start Time: _____

End Time: _____

ESU7 Staff Contact: _____

Other Staff Invited: _____

Room Booked: ☐ Oak Room ☐ Maple Room ☐ Walnut Room ☐ Cottonwood Room ☐ Pine Room

☐ Sped Room A ☐ Sped Room B ☐ Sped Room C ☐ Sped Room D Other: _____

DL Equipment: ☐ Migrant Cart ☐ ESU 7 Dual Lifesize Cart ☐ DL Room

☐ Sped Cart ☐ Sped Dual Lifesize Cart

Is this a Scheduled Connection (through ESU7 Bridge)?

☐ Yes

☐ No

IP Addresses to Dial: _____

Location: _____

Location: _____

Location: _____

How will the Dialing be Initiated:

☐ ESU7

☐ Remote Site

Other: _____

Notes: _____

Completed By: _____

Date: _____

Comments/Problems during Teleconference: _____
