

Biomedical Communications

PROVIDING EDUCATIONAL, RESEARCH, AND CLINICAL MEDIA SUPPORT

Videoconference Request Form (H.320, H.323, Satellite, Internet)

UNTHSC Site Information

Videoconference Title:

Date of Event:

Time: From To

Campus location / Room Number:

Expected number of attendees:

UNTHSC Contact Name:

Department:

Email:

Phone:

Conference Information

Delivery Method: H.320 H.323 Satellite Internet

Video Number:

Satellite Coordinates:

URL address:

Remote Site Information

Contact Person:

Contact Phone:

Remote Location:

Note: When scheduling videoconferences, if you are unsure which delivery system is being used for the program you want to see, please don't hesitate to call **Michele Grauerholz** for assistance, **x2472**

FOR OFFICE USE ONLY

Purpose:	Educational	Research	Clinical	Administrative
Type:	Internal	External	Work Order Number	
Payment:	IDT	Cash / Check	Account Number	Receipt Number