

Teleconference Request Form

University of South Carolina - College of Education - Instructional Support

COMPLETE THIS FORM AND THEN PRINT IT (YOU CANNOT SUBMIT IT ONLINE.)
WHEN ALL THE INFORMATION IS COMPLETE, INCLUDING SIGNATURES IF NECESSARY,
SUBMIT THE FORM TO ROOM 275 WARDLAW BUILDING.

Do not continue until you have completed a Request a Room part of the Instructional Support Request Form.
The room request can be made at <http://www.ed.sc.edu/ois/instructionSupport.asp>

Date(s) of event: _____ Class Number/Group Name: _____

Instructor of record/Person leading the event at the College of Education:

Two-way videoconferencing equipment
Audio conferencing equipment

- Are you hosting the event (i.e., you are planning to place the call to the other site)? Yes No I'm not sure
- Number of participants at our site:
- Location of the other institution or site *:
- Name of person in charge of event at the other institution/site.

Phone: _____ E-Mail: _____
Comment: _____

- Name of technical contact person at that site. [Required for videoconference] **

Phone: _____ E-Mail: _____
Comment: _____

- I have scheduled a required test with the other site prior to the events.
Yes No Not yet, but I will contact Instructional Support to do that as soon as possible.

** If a teleconference involves more than the College of Education and one other site, the employees in Instructional Support must work with USC Distance Education or other agencies to make multi-point conferences occur. It is essential to plan and test all videoconferencing events ahead of time to check conflicts with firewalls and other potential problems, especially for a multi-point event.*

*** The name and contact information of a person at the other institution/site who has technical information about the equipment at their site is required for a videoconference. It is optional for an audio conference. For multi-point conferences, please list the names and contact information for at least one person at each additional site in the "Additional Comments" area below.*

For a videoconference:

Start time of videoconference: _____ End time: _____

If you know the IP address of the other site, please put it here:

Comments about **videoconference**:

For an audio conference:

- Estimated length of audio conference:
- Phone number of the other site:
- If **long distance phone charges** are involved in an audio conference, you will be responsible for paying those charges.
Account to which toll charges will be billed:

Signature of person authorized to make purchases from that account: _____

Comments about **audio conference**:

Additional comments:

*NOTE: An employee of Instructional Support will contact you to confirm your request after you complete **this form** and the **request for the room** containing the teleconferencing equipment. You must also **schedule a test** of the equipment and connection prior to the event. All of these requests can be made at <http://www.ed.sc.edu/ois/instructionSupport.asp>*