



## Videoconference Request Form - External

Your Name:	
Mobile.:	Telephone:
Email:	
Date:	

### Conference Details

Date:	Start Time:	End Time:
Library Site :		
Number of External Sites:		
Additional Information:		

### Video Conference Participant Information

Site A	Site B
Location:	Location:
Dialing String:	Dialing String:
Room Phone Number:	Room Phone Number:
Technical Contact Name:	Technical Contact Name:
Technical Contact Phone:	Technical Contact Phone:
Email:	Email:

### Notes:

External connections must be tested at least ONE WEEK prior to the conference.  
A library staff person will contact you to verify details and confirm your conference.



If you have questions, please direct them to local library staff.  
For more information, visit [www.risenetwork.ca](http://www.risenetwork.ca).