

ACCNet Video Conferencing Scheduling Form

1. New Event, Change, or Test?

- New Event
- Change Existing Event
- Testing or Codec Validation
- Cancel an Event

2. Contact Information

- Name
- Email Address
- Phone Number
- Secondary Contact

3. Course or Event Information

- Institution
- Course Title
- Instructor

4. Originating Site

- Site Name
- Connection Type
- Facilitator

5. Receiving Site 1

- Site Name
- Connection Type
- IP Address/ISDN #
- Firewall? Yes No
- Equipment Brand Name/Model #

6. Receiving Site 2

- Site Name
- Connection Type
- IP Address/ISDN #
- Firewall? Yes No
- Equipment Brand Name/Model #

7. Connection Time

- Testing Times

Connection Date
Connection Time
Reoccurring Dates