

Video Conferencing Information Form

Conference Title:

Conference Date:

Remote Site Name:

Contact/Venue Information

Temple University

Remote Organization

Contact Name:		
Contact Phone:		
Contact Email:		
Contact's Department:		
Conference Location: <i>(Building/Room)</i>		
Start Time (DST):		
End Time (DST):		
Conferencing System: <i>(Make/Model)</i>		
H323 IP Address: *		
Conference Room Phone Number:		

Conference Support Contact Information

Temple University

Remote Organization

Contact Name:		
Contact Office Phone:		
Contact Mobile Phone:		
Contact Email:		
Support Department:		
Department Fax:		
Department Website:		

**The College of Liberal Arts does not offer ISDN video conferencing.*