

WWU Video Services Videoconference Request Form

Name _____ Date _____
 Email _____ Phone _____
 Dept _____ Fax _____ Mail Stop _____
 Event Date _____ Event Start Time _____ Event Stop Time _____
 Recurring Event? _____ If recurring, when & how frequently? _____ No. of Participants _____

PURPOSE OF EVENT (select one)

- Instructional** (staff or student)
 Administrative/Collaborative (meeting, informational, or research related)

TYPE OF VIDEOCONFERENCE (select one)

- Point to Point** (only two participating locations – WWU being one of the two)
 Multi-Point (more than two participating locations)

Is this videoconference event being scheduled and coordinated by WWU? Yes No
 Are you inviting participants and are these remote sites being coordinated by WWU Video Services? Yes No

SPECIAL VIDEOCONFERENCE NEEDS (select all that apply)

- Document Camera**
 Laptop Computer
 Speaker Phone
 Other _____

VIDEOCONFERENCE REMOTE SITE CONTACT INFORMATION

Organization:	Contact:	Phone:
Organization:	Contact:	Phone:
Organization:	Contact:	Phone:

Billing Classification

Please check the appropriate billing classification below. For our current rates, go to <http://west.wvu.edu/atus/video/requestandpricing.asp>.

<input type="checkbox"/> Instructional	Material is directly involved in classroom instruction or to be used for a WWU department/group that is directly funded with state appropriations. Materials are provided at discounted rate. No charge for labor. <i>Budget Code or Fast Index</i> _____ <i>Financial Manager Signature</i> _____
<input type="checkbox"/> University Related	Material benefits a WWU program or group that is partially funded by state appropriations. Other funding may come from foundations, grants, or other public/private interests. Materials are provided at discounted rate. Reduced charge for labor. <i>Budget Code or Fast Index</i> _____ <i>Financial Manager Signature</i> _____
<input type="checkbox"/> Public	Includes all personal and private use including WWU student and staff or public citizens and organizations. Materials and labor are charged according to our fees and rates schedule.

OFFICE USE ONLY

Materials	QTY	Price	Total	Login No.
				Technician:
				Labor/Hrs:
				Date Completed:
Labor	HRS	Price	Total	Cash/Receipt #:
				Recipient's Signature _____ Date Picked Up: _____
Notes:			Total Materials	
			Total Labor	
			Job Total	