

UMSL ITV Ad Hoc Event Request Form

*This form must be received 4 days in advance of the event.

| | | |
|---|---|--------------------------|
| Event Title: | | |
| Event Date: | | |
| Start Time: | | |
| End Time: | | |
| Sites Requested | | # of Participants |
| Originating Site | | |
| 1. | | |
| Other Sites | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| *Provide IP address for each site if information is known. | | |
| Event Needs | | |
| Computer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Handouts? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Document Camera? <input type="checkbox"/> Yes <input type="checkbox"/> No | Refreshments? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Videotape? <input type="checkbox"/> Yes <input type="checkbox"/> No | Laptop Hookup? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Wimba Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No | Misc Needs: | |
| Contact Information | | |
| Your Name: | | |
| Department: | | |
| Address: | | |
| Phone #: | | |
| E-mail: | | |
| Signature: | | |
| Please contact David Maczynski at the number below regarding costs for your specific ITV event. | | |
| Comments: | | |

Submit or send to: David Maczynski
 One University Boulevard
 143 South Campus Classroom Building
 St. Louis, MO 63121-4400
itv@umsl.edu
 Phone: 314-516-7636
 Fax: 314-516-6650