

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:		

Please return form 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