Videoconferencing Form Request

In order for us to prepare for your event, please fill out the following form and email it to techsupport@as.miami.edu or fax it to 305-284-6024

To be filled out by person requesting equipment:	
Name:	
Department:	
Phone:	E-mail:
Date of Event: **(Please allow 10 business for request)**	Time of Event:

Please list off-campus participants individually in the table below with their contact info and the preferred operating system. **Please note that there can only be up to three individuals connected simultaneously per call (excludes participants on campus).**

Participant Name	E-mail address	Operating System **Ex: Mac 10.5 or 10.6, Windows XP, Vista or 7**