Request for Conference Call

Please Fill In The Following Information   **Today's Date:** _____

Name: _____   **Department:** _____

Business Purpose for Conference Call: _____

_____

Conference Call Date: _____   **Number of Users:** _____ (Maximum 10)

Start:	**Hour**	**Min.**	**am / pm**
	_____	_____	_____

End:	**Hour**	**Min.**	**am / pm**
	_____	_____	_____

Will this be a recurring call? _____ **If So, How Often (When):** _____

Requested Pass Code: _____ (Minimum 4 digits, Maximum 8 digits)
Please note that the Pass Code will be a numeric code that users will have to enter from a touch tone phone

Department Head Name: _____ **Date:** _____

Department Head Signature: _____ **Date:** _____

PLEASE READ

By clicking the Submit by email button you acknowledge that you have read and understand the Conference Call Guidelines. After the form is submitted you may save a copy for your records.

IT/Telecom Use Only

IT Manager Approval: _____

Technician Name: _____   **Date:** _____

Technician Signature: _____   **Date:** _____

Pass Code Assigned: _____   **Notification Sent to User:** _____