

USU-EASTERN - PRICE

MEETING ROOM REQUEST FORM

SCHEDULER - DeAnne Duncan (deanne.duncan@usu.edu) 435 - 613-5725

Please complete form

Person Requesting Room:			
Phone:			
Event Name:			
Presentation/Meeting Description	IVC MTG:		F2F:
Event Date:			

All IVC meetings have a 15 min. Site Check time. If you need more time to set up

Added time		No	
Start Time:		End Time:	

Will it be Originating from Price	Yes:		No:	
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Other Locations needing to be added to your IVC Meeting:

Location:	Dial in #	Location	Dial in #	If known

Jabber #			
Jabber #			

If you have received an email request for a room for your meeting on our campus:

Where will it be Originating From:	
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Is it a Recurring Mtg:	Yes:		No:	
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When it will Recurre:	
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Number of Attendees expected:	#	
Attendees Names:		

Attendees Names:

Will there be Dial-in participants:	Yes:		No:	
Will this broadcast need to be recorded:	Yes:		No:	

Additional equipment needed: (check all that apply)

PROJECTOR:		SCREEN:	
VCR/DVD:		LAPTOP:	
CLICKER:		MIC:	
PHONE:		DESK TOP MICS:	

APPLE TV:	
SKYPE:	
WEBCAST:	
PANOPTO	

FACILITATOR:	Yes:		No:	
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ANY ADDED INFORMAION:	
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