

Orange County Community College
115 South Street
Middletown, NY 10940
Interactive Video Room Request Form

Name of Faculty or Staff Member: _____

Department: _____

E-mail address: _____ **Telephone:** _____

Course Number / Event Description: _____

Event Date: _____ **Event Day:** _____ **Event Location:** _____

Reserve Time: _____ **to:** _____ **Event Hours:** _____ **to** _____

What equipment in the Video Conferencing room will you be using? (Check all that apply, please)

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Document camera | <input type="checkbox"/> Audio and video Aux inputs |
| <input type="checkbox"/> Internet access for user's laptop | <input type="checkbox"/> VHS videotape player/recorder | <input type="checkbox"/> Telephone conferencing |
| <input type="checkbox"/> Smartboard | <input type="checkbox"/> DVD player | <input type="checkbox"/> Audio & video conferencing |
| <input type="checkbox"/> Plasma TVs for presentation | <input type="checkbox"/> DVD recorder | <input type="checkbox"/> Event recording. |
- (must contact ITS personnel for details – Ext:XXXX)*

Will you require training in the equipment selected above: ☐ Yes ☐ No

Will you need an ITS technician to be present for the event: ☐ Yes ☐ No

If you will be using your own equipment in the room, please list all items here:

Special needs:
