

University of Dayton
Technology Support Service
Video Conference

Date Completed:

School:

Address:

City:

Web URL:

TIME ZONE: **Hours:** **From GMT:**

Primary Technical Support Contact:

Name:

Phone#: **Email:**

2nd Technician contact:

Phone#: **Email**

Other Contacts

Primary Scheduling Contact: If different than Technical support contact

(This person is responsible of scheduling the videoconference room for classes or meetings.)

Name:

Phone#: **Email:**

Fax:

Equipment Specifications:

Manufacturer/Model:

IP Address:

Room Location:

Video Conference Phone #:

Internet II ? Yes__ No__

Videoconference Codec configured for Internet II ? Yes__ No__

Firewalls ? Yes__ No__ Gatekeeper ? Yes__ No__

Does your IP go through a bridge on campus? Yes__ No__

Microphone control Push to talk ? Yes__ No__

Technician Controlled: Yes __ No__

Student controlled: Yes__ No__

Do you provide a technician to run the cameras? Yes__ No__

Can you videotape the sessions? Yes__ No__

Do you have a control room with a technician always on duty? Yes__ No__

Other Information: