



Office of Information Technology
Academic Computing
Phone: 718-289-5349 / Fax: 718-289-6413

VIDEO CONFERENCING REQUEST FORM

Video Conferences are a first-come, first-serve basis with the submission of this form.

REQUESTOR CONTACT INFORMATION

Name: _____

Department: _____

Office: _____ Ext #: _____

E-Mail: _____

EVENT INFORMATION

Event Name: _____

Event Date: _____

Begin Time: _____ AM: __ PM: __

End Time: _____ AM: __ PM: __

How Many Attendees? _____

How Many Presenters? _____

VIDEO CONFERENCING INFORMATION (Required):

FAR-END Contact Name:

Department: _____

Phone #: _____

E-Mail: _____

IP Address: _____

Bronx CC IP Address: **199.219.167.242**

Choose one and give description:

Single Event:

Recurring Event: (Indicate all dates/times)

Video conferences are on a first-come, first-serve basis. Submission of this form is required in order to secure conferencing. It is advisable to schedule your event as far ahead as possible to secure required dates and time. **You will receive notification of approval by email.**

Submit to Ms. Albania Nicasio by email: albania.nicasio@bcc.cuny.edu