

Rockland Community College
145 College Road
Suffern NY 10901
Videoconference 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:4749)

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

Will you need a 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:
