



VIDEO ROOM REGISTRATION FORM

ROOM PROFILE: New { } Update { }	Date:
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LONG DISTANCE VIDEOCONFERENCE CARRIER:

VIDEO ROOM ADDRESS

AGENCY:	DIVISION:	ROOM NAME/NUMBER:
STREET ADDRESS:	CITY:	STATE, ZIP:

ROOM CONTACT

ROOM CONTACT NAME:	ROOM CONTACT PHONE NUMBER:	FAX NUMBER:
E-MAIL (INTERNET):		

VIDEO ROOM EQUIPMENT

CODEC (Mfg.):	SYSTEM:	SOFTWARE VERSION:

VIDEO EQUIPMENT TECHNICAL CONTACT

TECHNICAL CONTACT NAME:	TECHNICAL CONTACT PHONE NUMBER:	
E-MAIL (INTERNET):		

VIDEO CODEC TELEPHONE NUMBERS

112 / 128 KBPS: 1. - - - 2. - - -	336 / 384 KBPS: - - -	
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REMARKS
