

BCN SCHEDULING REQUEST

For State Agencies and Authorized Users

Complete, save & email to bcnmcu@witc.edu or fax to (715) 234-1307

Questions? Call 1-800-243-9482, Ext. 5181 or 5182

PROGRAM INFORMATION

Name of Meeting/Conference:

Request Submitted by:

Telephone Number:

Start Date:

End Date:

Day of the Week:

Start Time:

End Time:

ORIGINATING SITE

SITE NAME:

SITE ID #/IP ADDRESS/ISDN #s:

NOTE: It is the responsibility of the originator to schedule all receive site facilities before submitting this form.

CONFERENCING WITH:

Check One

- HPLL
 Internet (IP)
 ISDN

SITE NAME:
SITE ID #/IP ADDRESS/ISDN #s:
Alias:

Check One

- Dial Out
 Stand By

Check One

- HPLL
 Internet (IP)
 ISDN

SITE NAME:
SITE ID #/IP ADDRESS/ISDN #s:
Alias:

Check One

- Dial Out
 Stand By

Check One

- HPLL
 Internet (IP)
 ISDN

SITE NAME:
SITE ID #/IP ADDRESS/ISDN #s:
Alias:

Check One

- Dial Out
 Stand By

Check if needed

- Closed Captioning

Pattern Layout: (People + Content will be used unless otherwise specified)

Check One

- Lecture Mode Presentation Mode

Pattern Layout: (Choose 1-24) Pattern layout options: [BCN MCU Screen Layouts Form](#)

NOTES: