

BCN SCHEDULING REQUEST

NETWORK DIRECTORS: Complete, save & email to distancelearningstaff@witc.edu
Or Fax to (715) 234-1307

PROGRAM INFORMATION

Name of Program/Meeting:

Start Date: End Date:

Start Time: End Time:

Day(s) of Week: Mo Tu We Th Fr Sa Su Excluded Dates:

Request Submitted By:

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

ORIGINATING SITE

SITE NAME	NODE #	HEAD COUNT

RECEIVING SITES (ON-NET)

SITE NAME	NODE #	HEAD COUNT	SITE NAME	NODE #	HEAD COUNT

RECEIVING SITES (OFF-NET)

CONNECTION	SITE NAME	IP ADDRESS	STANDBY / DIAL OUT
<input type="checkbox"/> H.323 <input type="checkbox"/> ISDN <input type="checkbox"/> HPLL Check One ✓		<input type="checkbox"/> Codec <input type="checkbox"/> Bridge Check One ✓ Alias:	<input type="checkbox"/> This ROOM will STANDBY for our call <input type="checkbox"/> This room will DIAL OUT to us Check One ✓
	Head Count:		
<input type="checkbox"/> H.323 <input type="checkbox"/> ISDN <input type="checkbox"/> HPLL Check One ✓		<input type="checkbox"/> Codec <input type="checkbox"/> Bridge Check One ✓ Alias:	<input type="checkbox"/> This ROOM will STANDBY for our call <input type="checkbox"/> This room will DIAL OUT to us Check One ✓
	Head Count:		
<input type="checkbox"/> H.323 <input type="checkbox"/> ISDN <input type="checkbox"/> HPLL Check One ✓		<input type="checkbox"/> Codec <input type="checkbox"/> Bridge Check One ✓ Alias:	<input type="checkbox"/> This ROOM will STANDBY for our call <input type="checkbox"/> This room will DIAL OUT to us Check One ✓
	Head Count:		

LAYOUT PATTERN NUMBER (Choose 1-24) [BCN MCU Screen Layouts Form:](#)

Lecture Mode

Lecture Site

Presentation Mode