

## How to Request a Video Conference

Please follow instructions to ensure proper connection.

1. Fill out the Video Conference Request form with detailed information.
2. Send a Meeting Request to **Lindsey Wong, Ginger Ruther** and the **Room** you have reserved. Attach the Request form to the request
3. You may also print it out and fax the form to (408) 453-6659 or bring it by the DMS office. Any questions please call (408) 453-6648
4. **Please notify DMS of any changes to the event ASAP**

## Tips for Conducting your Video Conference

If SCCOE is the originating host site, please use the following guidelines:

1. Prior to event
  - a. DMS will setup connection and email to client
  - b. Forward Email connection info (provided by DMS) to all participating sites
2. Day of the event
  - a. Arrive early to the video conference room for instructions
  - b. Be the moderator, take charge, be sure to set ground rules
  - c. Take roll to make sure all sites are connected and everyone is introduced.
  - d. When finished, contact a technician to disconnect the video conference

If SCCOE is a receive only site, forward any connection information from the originating site to DMS technician

Notes:

- If there are more than 12 sites connecting to the video conference, sometimes not all participants show up on screen.
- Sometimes when someone speaks their image will be put in large window of video conference.
- On table microphone, RED is MUTE

**Video Conference Form (Fill-in all information)**

Date \_\_\_\_\_

<b>Client Name</b> _____	<b>Event Date</b> _____	<b>Event Start Time</b> _____	<b>Event End Time</b> _____
<b>Department</b> _____	<b>Day of the Week</b> _____	<b>Client Email</b> _____	
<b>Event Title</b> _____	<b>Event Subject</b> _____		<b>Client Phone Number</b> _____
<input type="checkbox"/> Originating Site/Host Site (other sites will watch our event)		<input type="checkbox"/> Participating Site (we watch the remotely hosted event)	
<b>Number of On-Site Participants</b> _____	<b>Number of Other Sites</b> _____	<b>Host Site Location</b> _____	<b>Number of On-Site Participants</b> _____
<b>SCCOE Room</b> <input type="checkbox"/> SARATOGA ROOM <input type="checkbox"/> GILROY ROOM <input type="checkbox"/> ET CONFERENCE ROOM <input type="checkbox"/> GUADALUPE ROOM <input type="checkbox"/> OTHER ROOM _____		<b>Special Requests and Notes:</b>  _____ _____ _____	
<b>Special Requests: (Details fill in to the right)</b> <input type="checkbox"/> Pow erPoint <input type="checkbox"/> Record the Meeting <input type="checkbox"/> Other _____			

**DMS Staff Use ONLY**

<input type="checkbox"/> Setup Conference details w ith Imperial DONE <input type="checkbox"/> Emailed Client Conference details DONE Connect Time: _____ Test Time: _____	Billing: _____ Misc Notes: _____ _____
<b><u>CONNECT TO BRIDGE:</u></b> PIN _____ IP ADDRESS _____ CalREN _____	SITE: _____ CONTACT: _____ PHONE: _____
<b><u>CONNECT DIRECT TO SITES (3 Maximum):</u></b> IP ADDRESS _____	SITE: _____ CONTACT: _____ PHONE: _____
<b><u>CONNECT DIRECT TO SITES (3 Maximum):</u></b> IP ADDRESS _____	SITE: _____ CONTACT: _____ PHONE: _____
<b><u>CONNECT DIRECT TO SITES (3 Maximum):</u></b> IP ADDRESS _____	SITE: _____ CONTACT: _____ PHONE: _____