



**ICSD VIDEO CONFERENCING CENTERS
 VCC SERVICE REQUEST ATTACHMENT**

For ICSD Use Only			
Conference Number			Conf ID
Schedule	Confirm	Cancel	
Date	Date	Date	Date
Initial	Initial	Initial	Initial

This form must be submitted with ICSD-196 to use ICSD Video Conferencing Centers & Video Bridging Services when video conferencing over ISDN.

It must be received at the ICSD Assistance Center in order for the video conference call to be scheduled.

Complete fields 1 thru 9. Fields 10 thru 19 are optional. Explanations are provided in the instruction document. Incomplete forms may delay scheduling. **Please fax the completed form to 586-1882. Attn: Assistance Center, or mail the completed form to ICSD / PSB / AC 1151, Punchbowl St. B-30, Honolulu, HI 96813**

ISDN BILLING (See Instructions for billing calculation example)

1. Name of Person to Bill		2. Title		3. Phone Number	
4. Department/Division/Branch			5. Email Address		
6. Billing Address					
Line 1.					
Line 2.					
Line 3.					
Line 4.					
7. Special Instructions					
8. Signature of Person to Bill					9. Date

ADDITIONAL H.323 SITES

10. ICSD Assigned Site Name	11. Name of Trained Person	12. Site Phone Number	13. IP Address	14. Call Type

VIDEO CONFERENCING SITE REGISTRATION

15. H.323 Site Name To be Assigned by ICSD	16. Make/Model of Equipment	17. Location Information	18. IP Address	19. Site Voice Phone