

ICSD-196 REQUEST TO USE VIDEO CONFERENCING CENTERS
Instructions

A. When Used

This form is used for two purposes:

1. To request the reservation of Video Conference Centers (VCC) on Oahu, Maui, Kauai, and Hawaii.
2. To cancel a VCC reservation request that has previously been scheduled by completing item #16 of the original request, printing the request form, signing it, then submitting it as instructed on the form.

This form is designed to be completed online then printed and faxed to the ICSD Assistance Center at 586-1882.

B. General

It is required to have individuals who have been trained in video conferencing at each site for every conference. All ICSD Video Conference Center sites are to be secured at the end of the conference. If a non-ICSD site is to be used on a recurring basis, the site should be registered by completing form ICSD-197, Video Conferencing Service Request Attachment. Go to: <https://hawaiiomt.sharepoint.com/sites/ets/AC/VCC/SitePages/Home.aspx> for additional information about reservations for Video Conference Centers.

C. Forms Items Usage:

For ICSD Use Only The area in the upper right corner of the form is reserved for ICSD to schedule and track the use of the Conference Centers.

1. **Date Submitted.** The date that the form is completed. Format: m/d/yyyy
2. **Video Conference Date.** The date that the video conference is to be held. Format: m/d/yyyy
3. **Time of Video Conference.** The start and end times for the video conference. Use a 12-hour clock with AM or PM. Format: hh:mm AM. i.e. 00:00 AM = midnight; 12:00 PM = noon.
4. **Requestor.** The name of the person making the request to reserve video conference facilities.
5. **Dept/Div/Br.** The name of department, division, and branch of the person submitting the request.
6. **Requestor Phone Number.** The phone number of the person identified in Item #4.
7. **Requestor Fax Number.** The fax number of the person identified in Item #4.
8. **Requestor Email Address.** The email address of the person identified in Item #4.
9. **Description of Conference.** A brief description of the conference or topics to be discussed.
10. **Departmental Support Person.** The name of the person within the Requestor's agency who will be providing technical support for the conference.
11. **Phone Number.** The phone number of the person identified as technical support in Item #10.
12. **Cell Number.** The cellular phone number of the person identified as technical support in Item #10.
13. **Site Information.** **All ICSD sites must be secured at the end of the conference.**

*** Specified safe maximum seating capacity (with partitions opened at Maui and Kapolei).**

ICSD Sites.

Check the for all sites that will be used during the video conference session.

Name of Trained Person. The name of the agency person who is trained in the use of equipment and procedures and who will be present at the conference site.

H.323 Sites.

ICSD Assigned Site Name. The name assigned by ICSD to the video conference site. If the site has not been registered with ICSD, enter a descriptive name.

Name of Trained Person. The name of the person who is trained in the use of equipment and procedures and who will be present at the conference site.

Site Phone Number. The telephone number of the voice phone located at the site.

IP Address. The IP Address of the equipment at the video conference facility.

Call Type. From the dropdown menu, select either **Dial-in** or **Dial-out**. **Dial-out** calls are subject to toll and usage charges. User must complete Form: ICSD-197, VCC Service Request Attachment, ISDN Billing section.

ISDN Sites.

Site Location. The physical location of the video conference facility.

Name of Contact at Site. The name of the person who is trained in the use of equipment and procedures and who will be present at the ISDN site.

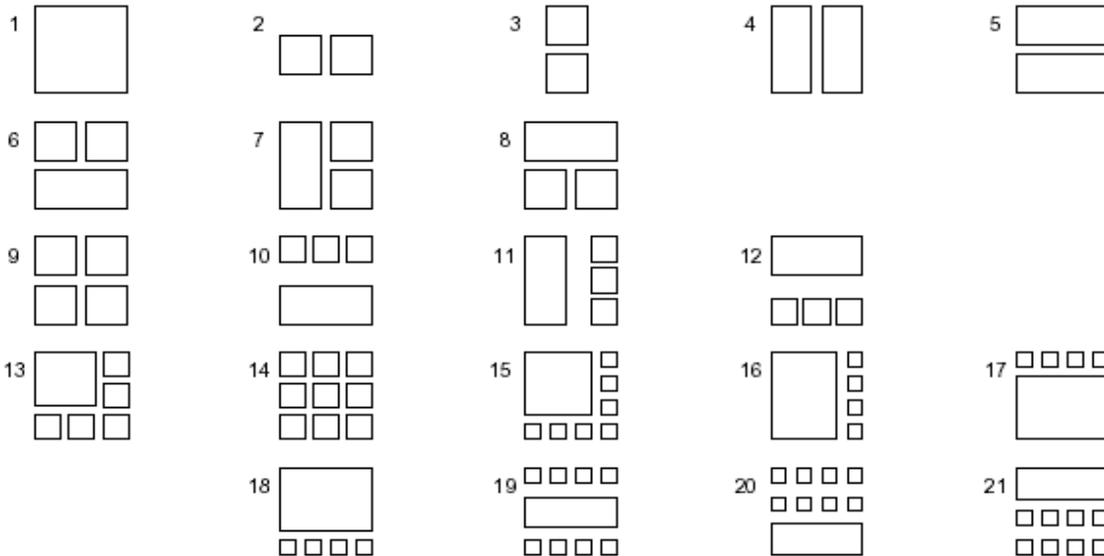
ISDN Phone #. The telephone number used for the ISDN connection.

Site Voice Phone. The telephone number of the voice phone located at the site.

Speed. From the dropdown menu, select the speed to be used, **128Kbps**, **256Kbps**, or **384Kbps**.

Call Type. From the dropdown menu, select either **Dial-in** or **Dial-out**. **Dial-out** calls are subject to toll and usage charges. User must complete Form: ICSD-197, VCC Service Request Attachment, ISDN Billing section.

14. **Conference Screen Type.** From the diagram below or from the dropdown menu if completing the form online, select the configuration number of the screen. The physical layouts of the formats are as follows:



15. **Special Instructions.** Note any additional information, extenuating circumstances, special requirements that need to be considered for scheduling or canceling the video conference. If you wish to request that the video conference is NOT to be monitored, please do so as a special Instruction and ICSD will dispense with its normal monitoring for quality assurance.

FOR CANCELLATIONS ONLY

To cancel a VCC reservation, the requestor should resubmit the original request with Item #16 completed. The cancellation can be faxed to ICSD Assistance Center at 586-1882. If the original request is not available, submit a new request with Items #1 through #6 and #16 completed.

16. **Person Requesting Cancellation.** The name of the person who is canceling the reservation. This is usually the person who originally submitted the request. If this original submitter is not available to request the cancellation, please make explanatory comments in Item #16.

Cancellation Signature. This is the signature of the person submitting the request to cancel reservations.

Date Cancelled. The date that the form is completed. Format: m/d/yyyy.