

SAN Videoconferencing Gateway Program Request Form

If you would like to schedule a videoconference, please complete the following:

Requesting District Contact Information

Name: _____ District: _____

School Building: _____

Mailing Address: _____

E-mail address: _____

Voice number: _____ Fax number: _____

Content Provider Information

Content Provider: _____

Content Provider Program Contact: _____

Content Provider Technical Contact (if different from Program): _____

E-mail address: _____

Voice number: _____ Fax number: _____

Cost of Program: _____

Program Scheduling Information

Program Title: _____

Requested Program Date: _____ Time: _____ to _____

Are you interested in sharing the program with another district (circle one)? Yes No

If yes, both line charges and program cost would be divided among the participants.

If yes, please note below any schools you know are interested in sharing this program with your district:

South Glens Falls School

Videoconferencing Liaison Approval

I have reviewed the above request to participate in a videoconferencing gateway program. I understand a confirmation form will be subsequently sent to my district. The confirmation form will need to be signed and returned to officially authorize WSWHE BOCES to bill my district the appropriate content provider program costs and associated line charges for this program.

Videoconferencing Liaison Signature

Date

Please fax completed form to Rose Bain at WSWHE BOCES at 581-3725 or 746-3725.