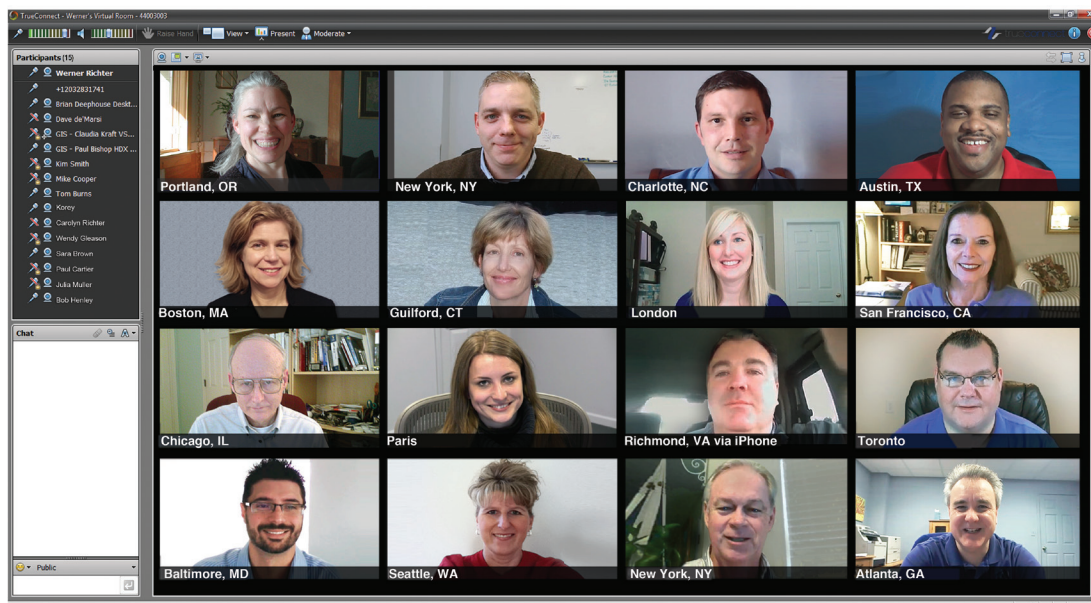


Video Conferencing Reservation Form



Actual Customer Quote:

"Your team has done a fantastic job in making our meeting a success. Your expert help and professionalism did not go unnoticed. You made it easy and made us look good – literally!"

Reservation Process

For your convenience, our video bridging services are available 24/7, 365 days a year.

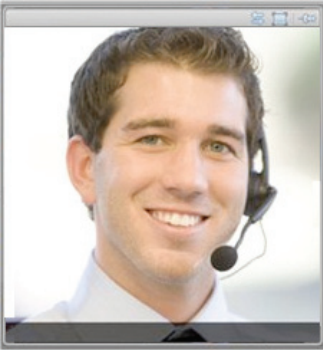
Steps of the Reservation Process

1. Complete this Video Bridging Reservation form and e-mail it to support@ucanytime.com.
Please note: We recommend that you schedule the reservation for 30 minutes before the actual meeting time. This will allow us to connect each video endpoint and ensure they are running smoothly. We recommend you schedule an additional 30 minutes beyond the meeting end time, as meetings occasionally run longer than planned.
2. Our video conferencing help desk will review the form, contact you if necessary and send you a return e-mail confirming both your meeting and test date. We recommend a video test to assure success if you have not previously connected to these sites.
3. A conference coordinator will contact you within a day to discuss your request in more detail. This will make certain all of your meeting requirements are being addressed. We also offer same day service.
4. On the test date, which should be scheduled for 24 hours before the meeting, a conference coordinator will connect to each video endpoint to confirm the best possible connection speeds, algorithms and resolutions. Although it is not necessary, we advise that an IT resource from your company is available for the test.
5. On the scheduled meeting date and time, your conference coordinator will monitor your connections and be available for immediate support with any issues. We can also act as video operators and connect each site, assure ideal camera positioning, good audio and assist with any presentation needs.

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+1.888.665.8640 +1.404.490.4220 support@ucanytime.com www.ucanytime.com

Video Conferencing Reservation Form



Questions/Support

Please direct any questions or concerns to us by calling or emailing:

UCAnyTime Support - phone:
+1.888.665.8640 or +1.404.490.4220

UCAnyTime Support - e-mail:
support@ucanytime.com

The following information should be completed and returned to us at support@ucanytime.com.

Video Conferencing

Video Conference Details

Conference Meeting Title/Name: _____

Participating Locations: _____

Conference Date: _____

Audio Requirements

Audio Participants Needed: Yes No

Audio Dial In Number: _____

Audio Host Code: _____

Audio Participant Code: _____

Additional Services Needed

(This service may incur additional charges)

Dedicated Monitoring Video Recording Audio Transcription

Web Conferencing Audio Recording Webcasting

Data Sharing (H.239) - i.e. PowerPoint, etc. Other:

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Video Conferencing Reservation Form

Host Location Details

Host Location: _____

Host Location Time Zone: _____

Host Location Start Time: _____

Host Location End Time: _____

Test Call Time/Date: _____
(Test Call is mandatory and must take place within 24 hours of any meeting. The Test Call Coordination Form is attached):

Title/Name of Coordinating Contact at Host Location: _____

Coordinating Contact Work/Cell Number: _____

Coordinating Contact E-mail Address: _____

Title/Name of (Primary) IT Support at Host Location: _____

(Primary) IT Support Work/Cell Number: _____

(Primary) IT Support E-mail Address: _____

Title/Name of (Secondary) IT Support at Host Location: _____

(Secondary) IT Support Work/Cell Number: _____

(Secondary) IT Support E-mail Address: _____

Meeting Attendees: _____

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Video Conferencing Reservation Form

Participating Site(s)

Organization: _____

Participating Location: _____

Participating Location Room Name: _____

Participating Location Room Telephone Number: _____

(Make sure to use the telephone number that is in THIS room)

Participating Location Start time: _____

Participating Location End time: _____

Title/Name of Coordinating Contact: _____

Coordinating Contact Work/Cell Number: _____

Coordinating Contact E-mail Address: _____

IT Support Contact: _____

IT Support Contact Work/Cell Number: _____

IT Support E-mail Address: _____

PC Helpdesk Work Order Ticket Number (If Applicable): _____

Number in Attendance: _____

IP Address: _____

ISDN Number (If Applicable): _____

Invoice/ Billing Contact

Credit Card Number: _____

Name as it appears on your card: _____

Billing Address of Credit Card: _____

Credit Card Expiration Date: ____/____/____ Card Code: _____

Signature: _____

*CONFERENCES CANCELLED WITHIN 24 HOURS OF CONFERENCE TIME
AS WELL AS TECHNICAL SUPPORT EXCEEDING 30 MINUTES INVOLVES AN \$85/HOUR FEE.*

SCOPIA Video Conferencing Reservation Form -2013 - V02-06/2013

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