

Video Endpoint Certification Form

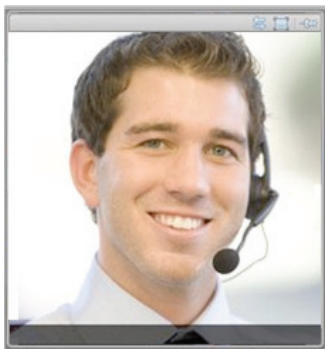
Certification Process

The Certification Process is the first step to getting started. In order for us to provide you with optimum service and support, each of your video endpoints must be certified before a meeting can be scheduled. Certification is comprised of performing audio and visual diagnostics designed to ensure optimum sound and viewing quality. It also includes gathering critical information required to support your needs. All information is recorded in our conference bridging database and is used to support your conference.



Steps for Certification

1. Please complete this Video Endpoint Certification Form and e-mail it to: support@ucanytime.com
2. Our video conferencing help desk will review the document and contact you if necessary. We will send you a return email confirming your requested test date and time. We prefer at least 24 hours' notice if possible but rush service is available.
3. On the confirmed test day and time, a UCAnyTime Conference Coordinator will establish a connection to your video endpoint. Please allow for approximately 30 minutes per endpoint for testing. An IT specialist from your company should be available to work with our conference coordinator.
4. We maintain detailed records of your account information so we are better able to support you and quickly help you to resolve technical issues that may occur.
5. A successful completion of the video endpoint test gives the endpoint "certified" status, making it conference ready for our Reservation or "Reservationless" conferencing options.



Questions/Concerns

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

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Video Endpoint Certification Form

Video Endpoint Information

Company Name: _____

Certification Site Address, Street, City, State, Zip and Country: _____

Certification Site Technical Contact Name, E-mail Address and Telephone Number:

Requested Test Call Date and Time (please allow 24 hours from form submission):

Name of Video Endpoint or Room Name: _____

Location of Room (floor and room number): _____

Room Telephone Number: _____

Company Main Telephone Number: _____

IT Contact Name and Title: _____

IT Contact Business Phone Number: _____

IT Contact Cell Phone Number: _____

IT Contact E-mail Address: _____

Video Endpoint Manufacturer and Model: _____

Software Version (if available): _____

IP Address: _____

ISDN Number: _____

Video Endpoint Certification Form-2013 - V01-04/2013

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Video Endpoint Certification Form

Corporate Contact Information

Date: _____

Company Name: _____

Address, City, State, Zip and Country:

Video Coordinator's Contact Name, E-mail, and Telephone Number:

Invoice/Billing Contact

Billing Contact Name: _____

Billing Contact Phone Number: _____

Billing Contact E-mail Address: _____

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