Request for a Multi-Point Videoconference

Date of Videoconference: _____

Start Time: _____

End Time: _____

Reason for videoconference: _____

Requesting Agency/Unit: _____

Contact Person: _____

Contact Phone Number: _____

Signature: _____

Sites to be connected for Multi-Point Videoconference:

Site Name	Location	Site Coordinator	Coordinator Phone

This request must be faxed to NJDOC Videoconference Program Manager or designee <u>AT LEAST 72 HOURS</u> (excluding weekends and holidays) prior to requested day on Multi-Point Videoconference. Notification and scheduling of individual sites is the responsibility of requesting individual/unit.

FAX: 609-633-2112
PHONE: 609-292-8942