

REQUEST FOR VIDEO TELECONFERENCING (VTC) CALL

For use of this form, see USMEPCOM Reg 25-90

Requesting Directorate/Special Staff Office: _____

Point of Contact: _____ Phone Number: _____

Subject of the Call: _____

Number of individuals attending the call: _____

Please provide the following information to schedule the call. Provide a backup date and time frame in case your first choice is not available.

FIRST CHOICE

Date of the Call: _____ Time Frame: _____

<u>Installation(s) Calling</u>	<u>Point of Contact/Phone Number</u>	<u>Video Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECOND CHOICE

Date of the Call: _____ Time Frame: _____

Visuals to present: Yes No

If "Yes," please list the type of visuals (video, slides, paper, etc.):

Discussion of classified information: Yes No