

## Videoconference Program Request

This form is required for all VC scheduling requests through ESBOCES. Please return completed form to  
Christine Riker at: [criker@esboces.org](mailto:criker@esboces.org) or FAX (631) 244-4006.  
To download a copy of this form, please go to: <http://esboces.org/DL/video.cfm>

School Information (Your contact information)

District:	School Building:	
Contact(s):	Phone:	email:
Technical Contact(s):	Phone:	email:
Videoconference Equipment Information: IP Address: _____ or ISDN #: _____		
Number of Students Participating:	Grade Level(s):	
Content area(s) & Academic Standards being addressed:		

**\*IMPORTANT:** When choosing a program you must **contact the content provider** to discuss program details to verify that the program is appropriate for your specific classroom and curriculum needs. For contact information of a provider if you do not have it, you may call Christine at 631-218-4128. Customizing of a program is typically allowed without incurring additional fees. Call provider to verify.

<input type="checkbox"/> <b>Check box if the BOCES Bridge is required to make your connection(s).</b>	
<b>Program Title:</b>	
<b>Content Program Provider:</b>	
Content Provider Phone (if known):	
Program Date:	Time:
1 <sup>st</sup> Alternate Date:	1 <sup>st</sup> Alternate Time:
2 <sup>nd</sup> Alternate Date:	2 <sup>nd</sup> Alternate Time:

<b>Test Connection Date is Mandatory.</b> All _____ Time: _____ Schools are required to test connect with Content Provider prior to VC program. Date(s): _____	
Alternate Date: _____	Alternate Time: _____

**2006-07 Update:** All test connections with ESBOCES must be scheduled in advance. Any test requests received with less than 24 hour notice will be charged a fee of \$400.

↓ **TO BE COMPLETED BY SCHOOL DISTRICT** ↓

**Before scheduling a Content Provider program, ESBOCES requires a copy of this form on file with your Superintendent's signature.**

<b>Coser:</b> <u>444</u>	<b>Cost of Service:</b> \$ _____
<b>District Contact Person:</b>	<b>Phone:</b>
<b>Signature of Superintendent of Schools:</b>	
<b>Date:</b>	