

THE NORTHEAST TEXAS CONSORTIUM (NETnet)

Request to Schedule Event

EMAIL FORM TO: conference@mail.netnet.org

FOR QUESTIONS: (903) 877-7510

Instructions: Please fill in all blanks and check boxes as appropriate and send to conference@mail.netnet.org. You must complete the items in **bold** print. Site contact information is particularly important, as it is the information we will use in the unlikely event of a technical emergency. You should receive an email confirmation notice within 4 business hours.

THIS SECTION CONTAINS YOUR SITE INFORMATION

My Institution _____ Department _____

Event Dates from _____ to _____ Event Time from _____ to _____

Event Room Bldg/#: _____ Room Phone: () _____

Equipment Needed : Computer Interactive video VCR
 Slide Proj Document Camera Other _____

Credit(s) Available _____ Accrediting Org _____

Event Title _____

Event Description _____

(150 words or less) _____

Event Coordinator: NAME: _____ PHONE: () _____ EMAIL _____

Technical Coordinator: NAME: _____ PHONE: () _____ EMAIL _____

PAGER: _____

THIS SECTION CONTAINS REMOTE SITE INFORMATION

Site Name	Rm Name/#	Room Phone
Site #1 Information: _____	_____	() _____

Tech Coordinator: Name _____	Phone & Page _____	Email _____
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Site #2 Information: _____	_____	() _____
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Tech Coordinator: Name _____	Phone & Page _____	Email _____
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Site #3 Information: _____	_____	() _____
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Tech Coordinator: Name _____	Phone & Page _____	Email _____
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Site #4 Information: _____	_____	() _____
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Tech Coordinator: Name _____	Phone & Page _____	Email _____
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Site #5 Information: _____	_____	() _____
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Tech Coordinator: Name _____	Phone & Page _____	Email _____
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