



Herzen State Pedagogical University of Russia

**VIDEOCONFERENCE REQUEST FORM**

**The general information:**

The organization:

Date:

Time (Moscow time zone): for \_\_\_\_\_ to \_\_\_\_\_

**Test communication:**

Date:

Time (Moscow time zone): for \_\_\_\_\_ to \_\_\_\_\_

**Contact:**

Name \_\_\_\_\_ Surname \_\_\_\_\_

tel.:

Email.:

**The alternative contact:**

Name \_\_\_\_\_ Surname \_\_\_\_\_

tel.:

Email.:

**The information on a network:**

External IP-address

Bitrate, kbps

Codec type:

Support H.239 (People + content)

**Number of seats:**