Hereford Independent School District

Video Conference request form

Please complete the following information for the Video Conference request:

Name Teacher/Director _____

Email address _____ Campus _____

Title of Video Conference _____ Session # _____

Date & Time of Video Conference - Submit 3 different Dates and Times

1st Choice Date_____ Time_____
2nd Choice Date_____ Time_____
3rd Choice Date_____ Time_____

Is this for an Invitation to a Video Conference? Circle one Yes or No

Class Information

Grade Level of Students Attending Conference _____
Number of Students Attending Conference _____

Will you be a Presenter or Host Site? Circle One

Presenter* ___ Yes ___ No Host Site ___ Yes ___ No

*Presenter is the person who will be presenting the conference to other districts
*Host Site is the Video Conferencing Site that will host other districts to come and view the conference.

If you are a teacher requesting a Video Conference, you will need to forward this request form to your Campus Principal or Director for approval before the Video Conference can be scheduled with Region 16.

Approved:

_____ _____

Date Principal/Director

When completed, forward to Christina Cervantez, Video Conference Site Coordinator, at Hereford High School.

Revised 10/2005