Audio Visual Support Request for Videoconferencing

Name of Session: * ____________________________________________

Date of Session (Month/Day/Year): * _______ / _______ / _______

Please note that bookings for videoconferences are subject to room availability. The room will be booked 30 minutes prior to the videoconference start time for technical setup.

Session Start Time (Hour : Minute): _______ : _______ ☐ a.m. / ☐ p.m.
Session End Time (Hour : Minute): _______ : _______ ☐ a.m. / ☐ p.m.

If videoconferencing is not required for the full duration of your session, please note the start and end times for the videoconference:

Videoconference Start Time (Hour : Minute): _______ : _______ ☐ a.m. / ☐ p.m.
Videoconference End Time (Hour : Minute): _______ : _______ ☐ a.m. / ☐ p.m.

Do you require the sharing of computer output (for example, a PowerPoint presentation)? *
☐ Yes, I'll need to share my computer screen.
☐ No, I don't require sharing of my computer output.

Would you like this session to be recorded? *
☐ Yes, it should be recorded for future use.
☐ No, I will not require recording.

If it's being recorded, where will this recording appear? *
☐ Departmental Website
☐ Blackboard/Portal
☐ Other
If this is a MedSoc request, please fill in the following information:

No. of HSC Participants:
☐ 1-15 Participants
☐ 16 or more Participants

No. of MSB Participants:
☐ 1-15 Participants
☐ 16 or more Participants

Further Details:

If required, please feel free to expand on your request with any pertinent details you think we should know.

Please fill out your contact information:

Full Name: * ________________________________________________
Department: * ______________________________________________
Email * (Please provide your UTORmail address): ____________________________
Phone Number * (Please provide your U of T phone number): __________________

Please email discovery.commons@utoronto.ca and attach this support request.

You will receive a confirmation email from the Discovery Commons Help Desk.