

Louisiana Office of Telecommunications Management

H.323 IP Video Conferencing Schedule Request Form (OTM-37)

Requested By _____ Telephone Number _____
 Return FAX Number _____ Today's Date _____
 Session Name _____
 Agency/Dept/Sect _____
 Request New Change Cancel If change or cancel, list conference ID _____

Session One-time

Date / / (m/d/yyyy)
 Start Time : (h:mm) am pm
 Duration : (hh:mm)

Recurring Frequency _____ (Select from drop-down choices)
 Start Date / / (m/d/yyyy)
 End Date / / (m/d/yyyy) Ongoing
 Start Time : (h:mm) am pm
 Duration : (hh:mm)

Daily Recurrence Mon Tues Wed Thu Fri Sat Sun

Weekly Recurrence Every _____ week(s) on the following day(s):
 Mon Tues Wed Thu Fri Sat Sun

Monthly Recurrence Day _____ of every _____ months
 The _____ (Select from drop-down choices)
 of every _____ months

Session Type Video Switching or Continuous Presence (Layout 2x1 or 2x2 only)

Speed _____ kbps Encryption (if checked, endpoints **must** support AES-128 and DH-1024 to join)

Remote Camera Control (only works for pan-tilt-zoom cameras) Dual stream/presentation mode _____
 (Select from drop-down choices)

Participants/Sites

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Fax the completed form to 225-219-7775.