

# CAYUGA-ONONDAGA BOCES

## Distance Learning Network

### Videoconference Request form

\*\*\*\* Required fields are in red

Videoconference Information				
Requester:				
Title:				
School:				
E-Mail:				
Phone #				
Requesting District				
Auburn ECSD		Skaneateles CSD		
Cato-Meridian CSD		Southern Cayuga CSD		
Jordan-Elbridge CSD		Union Springs CSD		
Moravia CSD		Weedsport CSD		
Port Byron CSD		Cayuga-Onondaga BOCES		
Other				
Videoconference Title				
Videoconference Provider				
Preferred Dates:	1.	2.	3.	
Preferred Times:	1.	2.	3.	
Number of Participants:				
Grade/Age:				
Room Location and Number Where Event Will Be Held:				
Funding Information: (to be completed by Cayuga-Onondaga BOCES)				
Program fee:				
Connection Fee:				
Total:				
Authorization Information: (to be filled out by authorized district administrator)				
School District:				
School Building:				
Name:				
Title:				
Signature:				Date: