

# 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:					
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:	