

Webinar Request Form

Pacific Region 2

Tax-Aide



Meeting Name: _____

Meeting Type: Webinar Conference Call

Requested Date: _____ Start Time: _____ Pacific Mountain

Duration: _____ Hours _____ Minutes Estimated number of participants: _____

Note: Meeting will start 15 minutes before Start Time unless requested otherwise in Comments Section

Meeting Leader: _____

Email Address: _____

Home: _____ Cell: _____

Enter Information below if the Host is not the Meeting Leader

Meeting Host: _____

Email Address: _____

Home: _____ Cell: _____

Do you want to record this meeting? Yes No Telephone VoIP

Do you want attendees to register? Yes No

Do you want a password? Yes No Password: _____

Do you want the Administrator/Assistant Administrator to:

Start and monitor the meeting

Start the meeting, then turnover to the Leader/Host and exit

Start, but after exiting standby to provide telephone assistance

Comments:

Submit form to: