



Virtual Meeting Request Form

Contacts and Details		To be filled out by CTS			
Event Name:		Meeting or Webinar?			
Event Date:		Call ID:			
Event Time:		Call PW:			
Estimated Attn.		Call URL:			
		Call Host Account:			
	Name	Email	Phone	Occupation/Position	Department
Event Lead:					
Secondary:					
CTS Technician:					
Description and Presentation Material					
Short description of planned event*:		Presentation Features		Type of media/Description	Operator/Computer Source
<p>*Please describe any partnerships, educational aims, and strategic priorities. *Please be sure to state if the event will be open to the general public. Font will autosize as you type.</p>		Slide Presentation:		Keynote/Powerpoint/other	
		Video or Audio playback in presentation:		File/URL/Embedded in presentation	
		Breakout Sessions? (Zoom M. only)			
		Closed Captioning? (B) only right now)			
		Q and A:			
		Chat:			
		Polls:			
		Recording:			
		Check all that apply in adjacent column			
Presenters and Panelists					
Role	Zoom Permissions	Name	Email	Phone	Internal Presenter Fee? y/n
Event Schedule/Runsheets					
Time	Presenter Name	View (speaker view/Spotlight)	Share Screen - Slide #/Media	Media Host Computer	

Additional Notes or Comments

For internal Applicants Use Only:
GL CODES

DESCRIPTION

Department Head Name

Please email completed form to events@ecuad.ca

MUST BE APPROVED BY THE DEPARTMENT HEAD.

Print Name

Date