

# **Buoyancy Video Conference Reservation Form**

Please fill out this form to make a reservation for a Buoyancy Video Conference

**School Name**

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**School Address:**

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**School City:**

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**State:**

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**Zip Code:**

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**County:**

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**District**

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Teacher/Video Conference Information

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**Teacher's Name**

**Classroom Phone:**

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**Email:**

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**Grade Level (3rd - 5th)**

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**Number of Students:**

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**Best Time To Contact Teacher:**

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**Preferred Video Conference Schedule: (please provide first three choices below)**

**1st Choice Date and Time**

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**2nd Choice Date and Time**

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**3rd Choice Date and Time**

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**Technical Information**

**Technology Coordinator:**

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**Phone:**

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**Email:**

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**Good Time To Contact:**

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**Please indicate, by selecting an option below, how you will be connecting with Monroe #1 BOCES  
Connection Information:**

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**Requesting Science Kit?**

Yes

No

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IP w/Video Conferencing Equipment:

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ISDN:

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