

Transfer of Energy Video Conference Reservation Form

Please fill out this form to make a reservation for a Transfer of Energy Video Conference

School Name

School Address:

School City:

State:

Zip Code:

County:

District

Teacher/Video Conference Information

Teacher's Name

Classroom Phone:

Email:

Grade Level (3rd - 5th)

Number of Students:

Best Time To Contact Teacher:

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

1st Choice Date and Time

2nd Choice Date and Time

3rd Choice Date and Time

Technical Information

Technology Coordinator:

Phone:

Email:

Good Time To Contact:

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

Requesting Science Kit?

Yes

No

IP w/Video Conferencing Equipment:

ISDN:

Enter the number below to submit your information.