



District Video Conference Requests 2015-2016

Region One ESC Distance Learning Consortium

We are pleased that you have chosen to participate in a video conference through Region One's DLC. If you are a member of the DLC, you can complete this form to register for a connection with your videoconferencing equipment or view via the web. It all depends on which options you chose when you joined the consortium. Even if you are not a DLC member, you can still register for a connection to an event. Simply provide us a PO # with the completed form.

Region One's Distance Learning Consortium is extending connections to distance learning events for the month of September at no fee to all ESC1 districts. Connections include TETN and content events. We can connect to your videoconferencing equipment or if you would like to experience a DL event via our NEW Web Option, choose Web for your connection.

Are you a DLC member? *

Yes

No

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Type of Connection *

Videoconference

Web

Choose your district *

Sharyland ISD



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Do you have a valid ESC1 Workshop Number or TETN Event Number? *

Yes

No



Begin Time *

End Time *

Event Title *

Identify the event origin if known *

TETN

ESC One Workshop

Connect2Texas

Other, please specify

Content Source *

Name of institution or department providing the videoconferencing content

Source Contact *

This is contact information regarding the provider of the videoconferencing session. This information should be available on the notifying email or flyer you received that notified you about this videoconference

Source Phone Number *

Please provide either the phone number or email address. If one of these two fields is not available, you may mark it as unknown

Source Email Address *

Please provide either the phone number or email address. If one of these two fields is not available, you may mark it as unknown

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Date Of Event *

The value must be between 09/01/2015 and 08/31/2016, inclusive

mm/dd/yyyy

Person Submitting Request ***Email Address *****Phone Number *****Technical Contact (if different from above)**

Person responsible for videoconferencing unit during testing and videoconference

**Technical Contact Phone Number (if different from above)**

The technical contact must be available at the videoconferencing site via this telephone number during the videoconference

**Technical Contact Email Address (if different from above)****Who is the intended audience of this session? ***

- District Staff
 Students
 Parents
 Other, please specify
 ESC Staff

What type of session will this be? *

- Interactive Meeting
 Viewing a remote presentation from a remote site
 Staff at this site will be presenting to remote sites
 Students at this site will be presenting to remote sites

Will the audience receive any of the following types of credit? *

Please check all that apply. Select at least 1.

- High School Credit
 Undergraduate College Credit
 Graduate College Credit
 Certification Credit
 CEU/CPE Hours
 Dual Enrollment
 Not Applicable

Approximate number of attendees expected to view this session ***Comments (You may not use this field to request other sessions. Every session requires a separate form)**

Add any additional information you think might be useful for your connection

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Submit