



Video Conference Reservation
Please Fax to Lisa Kofman, (323) 221-1235

Date of video conference:	Time and length of video conference:	Expected attendance:

Video conference host:

____ USC ____ Other institution

USC Contact Person:

Name _____
Institution _____
Address _____
City, state, zip code _____
Telephone number _____
Email address _____
Video conference IP or ISDN address _____

Contact person for other Institution:

Name _____
Institution _____
Address _____
City, state, zip code _____
Telephone number _____
Email address _____
Video conference IP or ISDN address _____

Include additional pages for additional participants.

Please list any special requirements (e.g., use of PowerPoint during video conference):

