

Division of Events Management Multimedia Work Order Request

- Full Event Title:
- Requester: _____ Date(s): _____
- Location: Virtual On-Site Bldg./Room: _____ Hybrid
- Time(s):
- Test Date(s):
- Test Times(s):
- Host Tech Support:
- Host Tech Support Phone Number:
- Institute / Branch:
- Govt. Contact:
- AO Name:
- AO Phone Number:
- CAN Number:

Additional Services

- Will you need ASL services? Yes No
- Do you need us to create prerecorded talks for your event? Yes No
- Will you have Pre-records for play back? Yes No
- Do you need Dual Captioning for your event? Yes No

We will create a work order number for you to use to book your meeting with CIT.

We will also need your confirmation information from the Web Team such as SIP address:

Passcode:

“Join the Meeting” URL:

MM WO#:

Producer: