

**RADFORD UNIVERSITY
CONFERENCE CALL
REQUEST FORM**

To schedule a conference call involving four or more participants, complete and submit this form to **Telecommunications & Bill Services**. Incomplete forms will be returned and the processing of your request will be delayed. A \$22 service fee will be charged per conference call. If a toll free number is provided to incoming callers, long distance charges will apply at the COVA rate.

Date of Conference Call _____

Conference Leader: _____ Phone _____

Conference Leader email address _____@radford.edu

Conference call will begin at _____ a.m. _____ p.m.

Number of Participants _____ (do not include Conference Leader)

Conference Participants will pay for long distance charges _____

OR

RU Department will pay for long distance charges _____

Department Information:

Dept. Name _____

Budget Code _____

Required Signatures:

Requested by _____

Dean/Director _____ (Required)

Submit completed, signed form to: **Telecommunications & Bill Services**
Box 6887
Fax: 6120

T&BS Office Use only:

Conference Leader notified:

Conference Bridge Number: _____

Access Code Issued: _____

800 Number for Participants: _____ (if applicable)

Billing:

Service Charge: \$22 _____

Total LD Charges: _____ (no markup)

Entered in TM _____