

ITD-SD-02

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Revision : 02  
Effective  
Date:  
09/2016



## TELE / VIDEO CONFERENCING REQUEST FORM

Information Technology Division (ITD)  
International Islamic University Malaysia

### CUSTOMER'S INFORMATION

Full Name : \_\_\_\_\_ Staff No : \_\_\_\_\_  
Designation : \_\_\_\_\_ Email~@iium.edu.my : \_\_\_\_\_  
Ext no / Mobile Phone no : \_\_\_\_\_ / \_\_\_\_\_ Department / Unit : \_\_\_\_\_  
Room No : \_\_\_\_\_

Kulliyah/Centre/Division/Institute/Office (KCDIO): \_\_\_\_\_

Signature :

Date :

### TYPE OF SERVICE REQUEST

Tele - Conferencing

Video - Conferencing

### PROGRAMME INFORMATION

Name of Programme :

Location / Venue :

Remote Tele / Video Conference  
Location / Venue to Dial\* :

Date (dd/mm/yyyy) :

Time From :

Time To :

**\*Customer must book and confirm on availability with the owner of location to dial for the tele / video conference.  
Has the confirmation been made with the owner of the remote location? Please tick YES or NO.  YES  NO**

Note : The Tele / Video – conferencing facilities will be used as stated in the ICT Procedures and Guidelines.  
: Request forms must be submitted at least **three (3) days before** the scheduled event.  
: Any cancellation of events must be notified immediately.

### RECOMMENDATION

Dean / Director / Head of Department / Head of Unit /  
Assistant Director / IT Coordinator

Signature

Official Stamp

### RECEIVED BY ITD SERVICE DESK

Service Desk Ticket No :

ITD Service Desk : Tel : 03-61966666 Fax : 03-61966665 Email : servicedesk@iium.edu.my