

STATE OF MN VIDEOCONFERENCING OFF-NET FACILITY PROFILE

HOST SITE COORDINATOR NAME/PHONE#: _Leslie Carney LMIC (651) 201-2464 _

Please return to video.services@state.mn.us or fax to Videoconference RSVP 651-297-5368.

Organization Name:				
Street Address:				
City:	State:	Zip Code:	Country Zone	Time
Contact Name:		Contact Title:		
Contact Phone:		Room Name/Number:		
Contact Fax Number:		Room Capacity:		
Contact E-mail and Pager Number:		Video Conference Room Phone:		

Video Conferencing Equipment Information

Interface Type(s) [in use]: H323 (LAN) Yes No ISDN Yes No IMUX Yes No Pvt T1 Yes No	Maximum Rate H=H323 / I=ISDN/ M=IMUX/T=T1 128 ___ 336 ___ 384 ___ 672 ___ 768 ___
Video Equipment Manufacturer:	Model:
Video Codec Software Rev:	Is the Codec Multipoint Enabled? Yes No If so how many can connect? _____
ISDN or IMUX numbers _____ _____ _____	Video Equipment IP or E.164 Numbers: _____ _____ _____

note IP addresses must not start with 10, 172.16-31, or 192.168. If they do then you will need a gateway address to call them.

Additional Equipment (If applicable)

IMUX Manufacturer:	IMUX Model:
IMUX Software Rev:	

Carrier Information

Line Type:	
Local Exchange Carrier (i.e.: Bell Atlantic):	SPID Numbers:
Long Distance (i.e. AT&T, Sprint, MCI):	Private Network: Yes ___ No ___

Office of Enterprise Technology USE ONLY

Test Date: _____	Dial-in: _____	Dial-out: _____
Test Configuration (if different than above) and Remarks: _____ _____ _____ _____		
		Test Results: Pass ___ Fail ___

State of Mn, Office of Enterprise Technology, Technical Assistance Center (NOC) 651-297-1111 X1.

