

Webinar Access Request Form

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Primary Contact ⓘ

*First:

*Last:

*Phone #:

* Email: @qcc.mass.edu

Cell Phone:

Alternate Contacts ⓘ

Alternate 1	Alternate 2	Alternate 3
First: <input type="text"/>	First: <input type="text"/>	First: <input type="text"/>
Last: <input type="text"/>	Last: <input type="text"/>	Last: <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>	Phone #: <input type="text"/>
Email: <input type="text"/> @qcc.mass.edu	Email: <input type="text"/> @qcc.mass.edu	Email: <input type="text"/> @qcc.mass.edu

Webinar Items Required

Data Projector
 Web Camera
 Teleconference Hardware and Support
 Other
 Laptop for Display

Webinar URL:

-If you need more than 1 of a selected item, please include how many in the comments ⓘ

Location

* Building:

* Please select Location

* Room #:

ⓘ

Event Schedule

*Date: ⓘ Recurring Event:

* Setup Time: Hi M Pm

* Start Time: Hi M Pm

* End Time: Hi M Pm ⓘ

Special Instructions/Additional Info

* Comments limited to 1000 Characters ⓘ

Requests must be submitted 48 business hours in advance.

[Media Services Request Policy](#)

Submit Request