

If you have difficulties please contact technical support on #4639 or 4753.

CONFERENCE DETAILS

Name:			
Title:			
School/Organisation:			
Date of Conference			
Time of the conference:	Start:		End:
Purpose of the conference			
Site(s) connected with:	1.	3.	
	2.	4.	
TECHNICAL INFORMATION			
Could far end hear you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Could you hear the far end?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Could far end see you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Could you see far end?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was video quality acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the conference start on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, How late did it start?	<input type="text"/>
Who initiated the call?	<input type="checkbox"/> Near End	<input type="checkbox"/> Far End	
Was technical support available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ADDITIONAL EQUIPMENT USED:			
Document Camera	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No Specify: <input type="text"/>
Connected computer	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No Specify: <input type="text"/>
Other	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No Specify: <input type="text"/>
Outline difficulties you have experienced (if any).			
Comments and suggestions you may have to improve our service (if any)			
Signed:		Date:	