

Videoconference Request

tel: 434-220-3410

fax: 434-978-0118

www.smartspaceonline.com



Please fill out (including signature) and fax to 434-978-0118

Company Name: _____

Contact : _____

Phone: _____

Fax: _____

Address: _____

Billing Address (if different): _____

Billing Contact: _____

Phone: _____

Fax: _____

Conference Date: _____

Conference Time (EST): From: _____

To: _____

Transmission Speed (circle):

112

128

336

384

Other

Room Location: Charlottesville, VA

Call (circle):

Receive

Send

Lead Participant Name: _____

Phone: _____

Fax: _____

Number of Participants: _____

Room Location: _____

Call (circle):

Receive

Send

Lead Participant Name: _____

Phone: _____

Fax: _____

Number of Participants: _____

Room Location: _____

Call (circle):

Receive

Send

Lead Participant Name: _____

Phone: _____

Fax: _____

Number of Participants: _____

This form constitutes a reservation request only. Upon receiving this form, a member of our team will contact you to discuss pricing and availability and to confirm your reservation via credit card.

By signing below, you agree to the cancellation policy below which takes effect after your reservation is confirmed.

2 business days or less: 100% of room rental.

3-4 business days: 50% of room rental.

5 or more business days: Scheduling fee (\$75.00)

Signature: _____

Date: _____