Interior Health

Video Conference Bridge Request

Please complete this form and submit to Interior Health Telehealth Coordination Office
You will receive a confirmation via Outlook Calendar when request has been processed. Please distribute to attendees

Requestor Information

Name	Telephone
Email	Department/Organization
Event Title	
Event Type ☐ Clinical-*specify City* ☐ Education ☐ Administrative ☐ Recording Required *We recommend a 15 minute Pre Test prior to your start time*	
Date (dd/mm/yyyy)	Pretest Time *(indicate time zone)*
Start Time *(indicate time zone)*	End Time *(indicate time zone)*

Host Site	Alias	Room Tel Number
Name of Person Hosting	Telephone Number	

Participating Sites

Site	Room #	Alias	Contact
Site	Room #	Alias	Contact
Site	Room #	Alias	Contact
Site	Room #	Alias	Contact
Site	Room #	Alias	Contact
Site	Room #	Alias	Contact
Site	Room #	Alias	Contact

Additional Requirements/Information

48 hours notice is required for all revisions, additions and/or cancellations
Please refer to Video Conference as titled on this confirmation form when requesting cancellation
Failure to comply with this request may result in your site not being connected to the Video Conference

Submit by Email