Maryland Department of Health and Mental Hygiene

Audio Conferencing Request Form

Conference Coordinator:

Conference Host:

Conference Host Phone #:

Coordinator Phone #: **Coordinator Fax #:**

Coordinator Email Address:

Title/Description of Event:

Date(s) of Presentation:

Meeting Location Room Number:

Event Start Time: **Event End Time:**

Audio Conference # of Callers:

Special Requests:

☐ TV/VCR (VHS Format) ☐ PowerPoint ☐ Laptop Computer Connection

Save this file once you have filled it out.
Click on File | Save As