Maryland Department of Health and Mental Hygiene

Video 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:**

Conference Sites:

- ☐ Allegeny LHD
- ☐ Anne Arundel LHD
- ☐ Balto County LHD
- ☐ Balto City LHD
- ☐ Calvert LHD
- ☐ Caroline LHD
- ☐ Carroll LHD
- ☐ Cecil LHD
- ☐ Charles LHD
- ☐ Frederick LHD
- ☐ Garrett LHD
- ☐ Harford LHD
- ☐ Howard LHD
- ☐ Kent LHD
- ☐ Montgomery LHD
- ☐ Prince George's LHD
- ☐ Queen Anne's LHD
- ☐ Somerset LHD
- ☐ St. Mary's LHD
- ☐ Talbot LHD
- ☐ Washington LHD
- ☐ Wicomico LHD
- ☐ Worcester LHD

Other

Please Check All That Apply:

- ☐ TV/VCR (VHS Format)
- ☐ DVD
- ☐ Document Camera
- ☐ Panel Discussion
- ☐ Microphones
- ☐ Wireless Handheld
- ☐ Powerpoint
- ☐ Overhead Projector
- ☐ Laser Pointer
- ☐ Internet Connection

Special Requests:

- ☐ Laptop Computer Connection
- ☐ Satellite Downlink *depends on capability and availability, please call to verify

Additional Information if applicable

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