



Videoconference Reservation Form

314 Tenth Street
 Augusta, GA 30901
 Telephone: (706) 823-6272
 Fax: (706) 823-6288

Please fill out and fax (including signature) to 706-823-6288

Today's Date

Company Name: _____

Contact: _____ Phone: _____ Fax: _____

Address _____

Billing Address (if different): _____

Conference Date: _____ Conference Time From: _____ To: _____

Please enter the following information for each location participating in the videoconference.

City/Location:	# of people:	Receiving Call	Yes	No
Lead Participant Name:	Phone:	Fax:		
Room Coordinator Name:	Phone:	Fax:		

City/Location:	# of people:	Receiving Call	Yes	No
Lead Participant Name:	Phone:	Fax:		
Room Coordinator Name:	Phone:	Fax:		

For a Multipoint Conference, enter the following information for additional locations.

City/Location:	# of people:	Receiving Call	Yes	No
Lead Participant Name:	Phone:	Fax:		
Room Coordinator Name:	Phone:	Fax:		

City/Location:	# of people:	Receiving Call	Yes	No
Lead Participant Name:	Phone:	Fax:		
Room Coordinator Name:	Phone:	Fax:		

Special Requirements:

Cancellation Fees:

- **1 business day or less:**
Scheduling fee + 100% of Room Rental
- **1-2 business days:**
Scheduling fee + 50% of Room Rental
- **More than 2 business days:**
Scheduling fee only
- **Terms:**
Net 30 Days

The success of your videoconference is our primary objective, however the current status of videoconferencing technology is such that unforeseen technical difficulties can occur. Advanced Data Videoconferencing Centers is not responsible for any cost incurred due to technical difficulties, which may occur during a videoconference. Fees for the conference will not be waived due to technical problems, unless specific problems can be reliably traced to the affiliated hardware malfunction. Thank for your understanding. We appreciate your business.

By signing below, you agree to cancellation policy and payment terms.

Signature: _____ Date: _____