

**Louisiana Office of Telecommunications Management
Audio, Web and Desktop Video Conferencing
Service Account Setup Form (OTM-52)**

Service Information

Agency _____ Department _____
Agency Contact _____ Telephone Number _____
Approved By (TC) _____ Date TC Approved _____
Type of Conference Requested ☐ Audio Only ☐ Audio/Web ☐ Desktop Video (includes audio/web)

1. Maximum number of simultaneous conferences (anticipated) _____
(This will be the number of conference IDs established for this request.)

2. List name, telephone number, and email address for each person authorized to use this account:

<u>Name</u>	<u>Telephone Number</u>	<u>Email Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Billing Information

Agency Billing Address _____

Name of Billing Contact _____
Telephone Number _____
Contact Email/Number _____
FAX Number _____
State of Louisiana Purchase Order Number (to accompany this request) _____
Comments or Special Instructions to Vendor _____

FAX to AT&T at 225-296-3383