

**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