



WEB CONFERENCING MEETING REQUEST FORM

► Call the Service Desk 1-888-316-7446 (local 337-0600) if you are unclear about any fields below.

Return to: Fax Number: 306-781-8480
Email: servicedesk@ehealthsask.ca

Meeting Facilitator Contact Information

Facilitator's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Organization:		Facility Name:	

Web Meeting Information

Topic:		Meeting Duration:	
Date:		Meeting Host:	
Time:			

Audio Information (Please choose only one)

Webex Audio
 VOIP
 Teleconference* Teleconference number: _____ Participant passcode: _____

***NOTE:** The setup of a Teleconference is not a part of the Web Conferencing Service offering and must be setup independently of this request by the facilitator. Including the number and pass code will permit us to include it in the web conference invitation.

Web Meeting Participants (Please enter their email address)

1. Host	_____	15.	_____
2.	_____	16.	_____
3.	_____	17.	_____
4.	_____	18.	_____
5.	_____	19.	_____
6.	_____	20.	_____
7.	_____	21.	_____
8.	_____	22.	_____
9.	_____	23.	_____
10.	_____	24.	_____
11.	_____	25.	_____
12.	_____	26.	_____
13.	_____	27.	_____
14.	_____	28.	_____

To check to see for compatibility with the WebEx conferencing software, please copy and paste the link into your Internet browser: <https://ehealthsask.webex.com/ehealthsask/systemdiagnosis.php>

The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>