



Reservation Multi-Meeting® Videoconferencing

Applicant

Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Site number
Company:	Function:
Department:	Telephone:
Address:	Fax:
Postal Code and City:	E-mail:
Country:	

Conference

Date:	Starting Time:
Time Zone:	Duration:

Quality settings

Defaults:	Tick here for options:
Video mode Voice Switched	<input type="checkbox"/> Continuous Presence <input type="checkbox"/> Lecturer Mode
Set-up time for meeting 15 minutes	<input type="checkbox"/> 30 minutes
Video / Audio only	<input type="checkbox"/> Video / Audio / Data (T.120)
Operator Attended	<input type="checkbox"/> Non-attended
Transmission rate 384 kbps	<input type="checkbox"/> 112 <input type="checkbox"/> 128 <input type="checkbox"/> 224 <input type="checkbox"/> 256 <input type="checkbox"/> 336 <input type="checkbox"/> Mix
Dial-out	<input type="checkbox"/> Dial-in
Automatic extension	<input type="checkbox"/> Prompt disconnection

Sites in the conference

Site number	Participant name	Phone at meeting	Deviations

If you want to add more sites, please add a separate page to this form.

Invoice

Your reference:	
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Invoice address, if different from the applicant's address:

Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Function:
Company:	Telephone:
Department:	Fax:
Address:	E-mail:
Postal Code and City:	
Country:	

Remarks

Signature for agreement

Date:	Signature:
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Fax this form to +31 10 4571456

For the service desk call 0800-022 74 00 (+31 10 4570410)

The applicant agrees with the conditions and tariffs for KPN Conferencing services.

A copy of the conditions and tariffs can be ordered at +31 10 4570410.

KPN B.V., Chamber of Commerce Haaglanden, Reg. number 27124701.