



INCOMM CONFERRING

INNOVATIVE COMMUNICATION SOLUTIONS

Audio Conference Reservation Form

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Should you have any questions about a reservation or this form, please call InComm's reservation line at 877-804-2066. Submission of the reservation form does not guarantee a reservation; it is a request for reservation only.

Please print this form, fill it out and **fax it to 201-612-9692**. An InComm representative will contact you shortly.

Contact Information

Name _____
(required)

Phone _____
(required)

E-Mail _____
(required)

Company _____
(required)

Account _____
(if your company
has multiple accounts)

Department
or Reference _____
(if applicable)

Conference Date & Time

Date _____
(required) Month _____ Day _____ Year _____

Start Time _____
(required) Hour _____ Minute _____ AM PM

Time Zone _____
(required) EST CST MST PST Other _____

Conference Duration _____
(required) Hours _____ Minutes _____



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Conference Type

Please select the Conference Type and the options that apply, and specify the number of participants for each option.

- | | |
|--|---|
| <input type="checkbox"/> Operator Assisted | <input type="checkbox"/> Toll-Free Dial-In No. of Participants _____ |
| | <input type="checkbox"/> Local Dial-In No. of Participants _____ |
| | <input type="checkbox"/> Operator Dial-Out No. of Participants _____ |
| <input type="checkbox"/> Xpress Call (Reservationless) | <input type="checkbox"/> Toll-Free Dial-In Passcode* No. of Participants _____ |
| | <input type="checkbox"/> Local Dial-In Passcode* No. of Participants _____ |
| | <input type="checkbox"/> Chairperson Dial-Out No. of Participants _____ |
| <input type="checkbox"/> Scheduled Passcode | <input type="checkbox"/> Toll-Free Dial-In Passcode* No. of Participants _____ |
| | <input type="checkbox"/> Local Dial-In Passcode* No. of Participants _____ |
| | <input type="checkbox"/> Chairperson Dial-Out No. of Participants _____ |

*Confirmation of your reservation will include your assigned passcode(s).

Moderator / Chairperson / Host Information

Name (required) _____

Phone (required) _____ Ext. _____

- Call First Call Last Dialing In



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Dial-Out Information

Last Name _____

First Name _____

Phone No. _____ Ext. _____

Last Name _____

First Name _____

Phone No. _____ Ext. _____

Last Name _____

First Name _____

Phone No. _____ Ext. _____

Last Name _____

First Name _____

Phone No. _____ Ext. _____

Last Name _____

First Name _____

Phone No. _____ Ext. _____

Last Name _____

First Name _____

Phone No. _____ Ext. _____

Special _____

Instructions _____



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Conference Options

Please select all that apply.

Announce Participants

Music Hold

Roll Call

Party Pre-Notification

Electronic Q&A Session

InComm IQueue

Participant List

Please select delivery option: Fax _____

Email _____

Recording

Please select recording and delivery options:

Cassette _____ copies

CD _____ copies

Please select shipping preference:

Priority overnight

Standard overnight

Standard (U.S. Mail)

Recipient Information

Name _____

Address 1 _____

Address 2 _____

City _____ State _____

ZIP _____ Country _____

Additional Conferencing Services

Web Xpress

Multi-Point Video Bridging

Please fax this form to 201-612-9692. An InComm representative will contact you shortly.