Columbia (SC) Alumnae Chapter Technology Committee Virtual Meeting Request Form

Submit completed form to cacdsttech@columbiascdelta.com for review and approval. Please allow 72 hours for a response.

Meeting Information					
Name of Requestor(s)				Date of	
				Request	
Committee Name					
Meeting Title					
Requested Meeting Date			Mooting Time		
			Meeting Time		
Meeting Duration i.e. 1 hour, 2			Recurring Meeting?	If recurring, end dat	te
hours, etc.			□ yes	of series	
			□ no	Day of the week	
Purpose of Meeting					
·					
Additional message to include in the					
invite					
Attendee Information					
Meeting Attendees	Name (First Name, Last Name)		st Name)	Email address	
	_				
Hosting and Resources (Check all that apply.)					
☐ I want to host my meeting, but I need training			nost my own	☐ Add Polling	
first.		meeting			
□I need Technology to host.		∐ Recor	d Meeting	☐ Require Reg	istration
☐ Add Breakout room(s) # of rooms					

I acknowledge that if my meeting involves youth, I will adhere to all Risk Management policies and procedures.

I acknowledge that the meeting link will only be shared with attendees that I approve or authorize.

I acknowledge that, as the host, I will have someone on my committee monitor the meeting for suspicious behavior.

All meetings will open 30 minutes prior to the start time to allow for visual setup and audio checks. Please call or text **803-920-3585** ASAP, if your meeting has not started or technical assistance is needed during your meeting.

Contact Technology at cacdsttech@columbiascdelta.com if you have any questions or require assistance completing this form.