

Olford



Distance

Learning

Site /Group Registration (Video on Demand)

Organization _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Coordinator Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime phone (____) _____ Cell Phone (____) _____

Coordinator Email _____

Technical Contact's Name (Person setting up the broadcast) _____

Mailing Address _____ State _____ Zip _____

Daytime Phone Number (____) _____ Cell Phone (____) _____

Phone number available during actual streaming time (____) _____

Technical Setup Contact email _____

Streaming site Email (if different from above) _____

Secondary Contact During Office Hours _____

Phone Number During Office Hours (____) _____

Streaming Location _____

Street Address _____

City _____ State _____ Zip _____

Please attach your schedule showing date, time, and module.

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