1. Name of Teleconference Coordinator:  
2. Name of Teleconference:  

3. Phone Number:  
4. Fax Number:  
5. Coordinator’s E-Mail Address:  

6. Date(s) of Teleconference:  
7. Start Time of Conference:  
8. End Time of Conference:  

9. Teleconference Type:  
   - Continuous Presence  
   - Lecture Mode  
   - Voice Activated  
   - Other  

10. Entity Type:  
   - HHSC  
   - STAN Partner  
   - UH Affiliated  
   - Private Agency  

11. Special Notes:  

12. Conference Description (If more space is needed, please attach a second sheet):  

13. Category  
   - Administration  
   - Board Meeting  
   - Deposition  
   - General Meeting  
   - Interview  
   - Demonstration  
   - Education (non-health related)  
   - Academic Course  
   - General Education  
   - Technical Training  
   - Health  
   - Academic (Credited) Course  
   - CME (including Grand Rounds)  
   - Health Training / Workshop  
   - Public Health (e.g. AIDS, Diabetes, etc…)  
   - Tele-Consultation  
   - Testing  

14. Participating Site Information (List the sites and contact name, number, and the estimated amount of participants for each site).  

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Name of Site Coordinator</th>
<th>Contact Number</th>
<th>Est. # of Participants</th>
<th>Video / Audio Number</th>
<th>In / Out</th>
<th>Notes</th>
<th>STAN Operator Use Only</th>
</tr>
</thead>
</table>

For Use by State of Hawaii Telehealth Access Network Operators Only  

Date Received:  
VTC Request Received By:  
Confirmation Number:  
Date Confirmed:  
STAN Operator On Duty:  
Actual Start Time:  

For more information, Call 808-956-6668