

**Instructions for Audio, Web, and Desktop Video Conferencing
Service Account Setup Form
(NS-52)(12/15)**

SERVICE INFORMATION

Agency	Agency requesting the service.
Department	Department requesting the service.
Agency Contact	Agency contact for information regarding the order.
Telephone Number	Agency contact's telephone number.
Approved By (TC)	Signature of agency telecommunications coordinator.
Date TC Approved	Date the agency telecommunications coordinator signed the order.
Type of Conference Requested	Choose the type of conference you are requesting.
1. Maximum Number of Simultaneous Conferences (Anticipated)	Indicate the anticipated maximum number of simultaneous conferences. This will be the number of conference IDs established for this request.
2. List name, telephone number, and email address for each person authorized to use this account	Name, ten-digit telephone number, and email address of each person who will be authorized to set up conferences. Each of these authorized users will receive conference ID.

BILLING INFORMATION

Agency Billing Address	Address to which bills will be sent.
Name of Billing Contact	Person at the agency who will receive the bill.
Contact Telephone Number	Telephone number of the billing contact.
Contact Email Address	Email address of the billing contact
FAX Number	Fax number of the billing contact.
State of Louisiana Purchase Order Number	Number of the purchase order which will accompany the request.
Comments or Special Instructions to Vendor	Any additional information pertaining to this request which will be useful to the vendor.

The form must be sent directly to the vendor. Do not submit to OTS/NS.

The form and associated purchase order should be sent to AT&T by email to cs7520@att.com