



United States District Court
 Southern District of West Virginia
 MDL Video Conference Registration Form



Video Conference Location Information

Law Firm: _____

Building Name (if applicable): _____

Rm Number: _____

Floor Number: _____

Address: _____

Address: _____

City, State, Zip: _____

Notes: _____

Contact Information

Technical Contact Name: _____

Technical Contact Email: _____

Technical Contact Phone: _____

Conference Room Telephone: _____

Equipment Information

Equipment Make: _____

Equipment Model: _____

IP Address: _____

Speed of Connection(Video Bit Rate): _____

Protocol: _____

Testing Information

Date Tested: _____

Length of Test: _____

Test Completed: _____