

Audio Conferencing Order Form

Customer Details

Contact name (first & last name): _____ Company: _____

Tel: _____ Fax: _____ Email: _____

Conference Details

Date: _____ From: _____ (Israel time) To: _____ (Israel time)

Estimated # of participants\lines (incl. chairperson): _____

Chairperson name _____ Tel: _____

Connection type

- Dial-in meet-me
- Dial-in 1-800 (list countries): _____
- Dial-out (separately list participants and their telephone numbers)

Service Type

- Assisted Call
- Unassisted Call

Participant Entry\Exit Advice None / Name capture / Tones

Language of Voice Prompts Hebrew / English

Advanced Services

- Self-Managed Telephone Event (leader-code administered)
- Recording & Delivery of CD / Cassette / Zipped-File by mail / Email
(add recipient names and addresses)
- Replay for up to _____ days following conference
- Transcription mailed to (add recipient names and addresses)
- Translation of Transcript (please state language of choice: _____)
- Operator presence during entire call
- Participant List
- Call locking _____ minutes after call commencement
- Customized Recorded Greeting
- Invitation\reminder pre-advice\agenda prior to call

Please state below if any change in the invoice mailing address has occurred
