

Region 10 Internal Use Only

Program Objective Codes: _____ - _____ - _____ **Service hours:** _____ **Evaluation Summary:** _____

EdNet¹⁰ Videoconference Network Use Form

Date: _____ Time: _____ - _____ Site: _____

Event Title or Purpose: _____

Initiated By: _____ Region10 or _____
Contact Person Campus/District Name

Participant Waiver

I understand that in a Distance Learning Classroom my voice, physical presence and participation in classroom activities will be transmitted to distance learning sites and will be recorded electronically. I hereby agree that my voice, presence and participation, as well as electronic recording of these classes will not be a violation of my personal rights and hereby release any claims for the use of such.

*** In the last column, put the miles you would have driven to attend this meeting at Region 10 in Richardson.**

Participant (Please Print)	Campus	District	Miles
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			