



USS ARIZONA MEMORIAL
"WITNESS TO HISTORY"
CUSTOMER AND SITE INFORMATION



School / Activity Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

VTC Point of Contact

Name: _____ Job Title: _____

Telephone Nos. Office :_()_____ Cellular:_()_____

Fax No.: _____ Email address: _____

VTC ROOM INFORMATION

Telephone (Voice) No.:_()_____ Fax No.:_()_____

ISDN # PRI _____ ALT. _____

Bandwidth Capability 2 x 64 128k 256k 384k

Capacity (Seats) _____

***Note:**

If your system is IP or WEB IP base addressing. We must be bridge together via a local Hub/Bridge site. We only use ISDN.

BRIDGE INFORMATION

POC: _____ Telephone (Voice) No.:()_____ ISDN# _____

POC: _____ Telephone (Voice) No.:()_____ ISDN# _____

If you have any questions please call us at (808) 473-3225.

Please fax completed form to (808) 473-4641.

Email: NSTCP.VTT@NAVY.MIL

WITNESSTOHISTORY@HAWAII.RR.COM

USS ARIZONA MEMORIAL SURVIVOR NETWORK USE ONLY

Certified by

Date

Comment(s)