

# MAGIP Request for Assistance

#4

Name of Organization	
Contact Person *	Grham Holyszko
Address	
Phone Number	
Email *	gholyszko@yahoo.com
Type of Assistance Requested *	<ul style="list-style-type: none"><li>GoToMeeting Conference Call + Screen Sharing</li></ul>
Project Narrative *	Our Organization would like to be able to use this service for some of our internal and client meetings.
Project Start Date *	Tuesday, May 28, 2013
Project Completion Date	

Applicant Resources to be committed to this project\*

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