

JungleMUX Training Request Form for On-Site Training in Canada or USA

Please fill out this form and return it along with the Purchase Order to **Jim Greenlaw** either by faxing it to **+1 604 421 8707** or emailing a scanned copy to **jim.greenlaw@ge.com**. If you are requesting more than one course, use a separate form for each one. You will be contacted within 10 workdays upon the submission of this form.

Note: Please read the course information document available on JungleMUX Training Web page first.

Company: _____

Your Name: _____

Phone Number: _____ Cell: _____

Email: _____

Address: _____

City: _____ Province/State: _____

Postal Code / ZIP: _____ Country: _____

Type of Training Course (select one of the two):

Full 3.5/4-Day Course

Topic-Specific Course including the following modules:

VistaNET Software

CDAX Unit

Video Units

OC-48 Unit

OC-12 Unit

New OC-3 Unit

Ether-1000 Unit

Ether-100 Unit

Demo Nodes Required:

Yes

No

Note: If the customer cannot provide at least two JungleMUX nodes for the training course, Demo Nodes can be requested from GE at no extra cost. The arrangements for the Demo Nodes should be made at least two months prior to the training course.

Type of Your System (check all that apply): OC-48 OC-12
 OC-3 (86432-0X) OC-3 (86432-41)
 OC-1 T1MX

External Sync Unit Used: No Yes (86480-01)
 Yes (86480-11)

IP Service Unit Used: No Yes (with VSP)
 Yes (with SNMP)

CDAX Unit Used: No Yes

NMS License(s) Used in Your System:

VLA VNI VSA ATR VSNMP

Interface Cards Used in Your System:

VF UNITS

4W VF E&M 2W FXO(Single) 2W FXS (Single) 2W FXO (Quad)
 2W FXS (Dual) 2W TO E&M Orderwire Partyline

DATA UNITS

DATA-LS DATA-PTM HS DATA DATA-56
 DATA-G703 DATA-Nx64 DATA-Nx64F OCUDP
 JIF-ETHER ETHER-10 ETHER-100 ETHER-1000
 JIF DS1 QUAD DS1 DS3 MAPPER

TELEPROTECTION

DTT XMT/RCV CDR DTT Test Panel

TELEMETRY

CONTACT I/O

VIDEO

VMAPPER-40 VMAPPER-10 VIDEO I/O (MPEG)
 VPORT-F REMOTE VIDEO ASSEMBLY VIDEO I/O (Wavelet)

Purchase Order Number: _____

Requested dates: Preference 1: _____ to _____ (mm/dd/yyyy)

Preference 2: _____ to _____ (mm/dd/yyyy)

Preference 3: _____ to _____ (mm/dd/yyyy)

Note: The course usually starts on a Tuesday but it may start on a Monday if requested by the instructor at the time the course is scheduled.

Address where Training Manuals and Training Kit will be shipped: Same as above

Company: _____

Address: _____

City: _____ Province/State: _____

Postal Code / ZIP: _____ Country: _____

Contact Name: _____ Tel. _____

Address where the training will be held: Check here if same as above

Company: _____

Address: _____

City: _____ Province/State: _____

Postal Code / ZIP: _____ Country: _____

Contact Name: _____ Tel. _____

Please select one of the following:

- The location of the training site is correctly shown when its address is entered in www.mapquest.com.
- I will provide a map (sketch) with directions on how to get to the training site from the hotel selected by the instructor.

You will also be required to:

- Provide us with the list of students so that the instructor can prepare the training certificates ahead of the training course. If you already have this information available, please fax it along with this form.
- Recommend a hotel(s) that is fairly close to the location where the training will be held, if requested by the instructor.