



## ***JungleMUX Training Request Form for On-Site Training Outside Canada and 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 respective course information document available on JungleMUX Training Web page first.*

Company: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code / ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

**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. The arrangements for the Demo nodes must be made at least two months prior to the training course.

**Type of Your System** (check all that apply):

<input type="checkbox"/> OC-48	<input type="checkbox"/> OC-12
<input type="checkbox"/> OC-3 (86432-0X)	<input type="checkbox"/> OC-3 (86432-41)
<input type="checkbox"/> OC-1	<input type="checkbox"/> T1MX

**External Sync Unit Used:**

<input type="checkbox"/> No	<input type="checkbox"/> Yes (86480-01)
	<input type="checkbox"/> Yes (86480-11)

**IP Service Unit Used:**

<input type="checkbox"/> No	<input type="checkbox"/> Yes (with VSP)
	<input type="checkbox"/> Yes (with SNMP)

**CDAX Unit Used:**

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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**NMS License(s) Used in Your System:**

<input type="checkbox"/> VLA	<input type="checkbox"/> VNI	<input type="checkbox"/> VSA	<input type="checkbox"/> ATR	<input type="checkbox"/> VSNMP
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**Interface Cards Used in Your System:**

**VF UNITS**

<input type="checkbox"/> 4W VF E&M	<input type="checkbox"/> 2W FXO(Single)	<input type="checkbox"/> 2W FXS (Single)	<input type="checkbox"/> 2W FXO (Quad)
<input type="checkbox"/> 2W FXS (Dual)	<input type="checkbox"/> 2W TO E&M	<input type="checkbox"/> Orderwire	<input type="checkbox"/> Partyline

**DATA UNITS**

<input type="checkbox"/> DATA-LS	<input type="checkbox"/> DATA-PTM	<input type="checkbox"/> HS DATA	<input type="checkbox"/> DATA-56
<input type="checkbox"/> DATA-G703	<input type="checkbox"/> DATA-Nx64	<input type="checkbox"/> DATA-Nx64F	<input type="checkbox"/> OCUDP
<input type="checkbox"/> JIF-ETHER	<input type="checkbox"/> ETHER-10	<input type="checkbox"/> ETHER-100	<input type="checkbox"/> ETHER-1000
<input type="checkbox"/> JIF DS1	<input type="checkbox"/> QUAD DS1	<input type="checkbox"/> DS3 MAPPER	

**TELEPROTECTION**

<input type="checkbox"/> DTT XMT/RCV	<input type="checkbox"/> CDR	<input type="checkbox"/> DTT Test Panel
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**TELEMETRY**

CONTACT I/O

**VIDEO**

<input type="checkbox"/> VMAPPER-40	<input type="checkbox"/> VMAPPER-10	<input type="checkbox"/> VIDEO I/O (MPEG)
<input type="checkbox"/> VPORT-F	<input type="checkbox"/> REMOTE VIDEO ASSEMBLY	<input type="checkbox"/> 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 first day of training must be on a Monday.

**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. \_\_\_\_\_

Email: \_\_\_\_\_

**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. \_\_\_\_\_

Email: \_\_\_\_\_

**You will also be required to:**

- Recommend a hotel(s) that is fairly close to the location where the training will be held.
- Provide a map (sketch) with directions on how to get to the training site. The map should also indicate the position of the hotel(s).
- 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 send it along with this form.