



## ***TN1U / TN1Ue 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 TN1U/TN1Ue Training Web page first.*

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

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

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

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

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

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

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

**Please select required training:**

TN1U Training

TN1Ue Training

**Demo Nodes Required:**

Yes

No

**Note:** If the customer cannot provide at least two TN1U/TN1Ue nodes for the training course, Demo Nodes can be requested from GE. The arrangements for the Demo must be made at least two months prior to the training course.

**Type of Your System** (check all that apply):  STM-1 (86432-2X/3X)  STM-4  
 STM-1 (86432-51)  STM-16

**External Sync Unit Used:**  No  Yes

**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-G703  
 DATA-Nx64  DATA-Nx64F  
 ETHERNET  ETHER-10  ETHER-100  ETHER-1000  
 E1

**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 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 fax or e-mail it along with this form.