



JungleMUX Training Request Form for On-Site Training Outside Canada and USA

Please fill out this form and fax it along with the Purchase Order to **Jim Greenlaw** at **+1 604 421 8707**. 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: _____ Fax: _____

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, a pair of Demo Nodes can be requested from GE. The arrangements for the Demo must be made at least three 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

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 JNCI

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 OCUDP
 JIF-ETHER ETHER-10 ETHER-100
 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 first day of training must be on 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. _____

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. _____

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 it along with this form.