JungleMUX Training Request Form for
On-Site Training <u>Outside</u> Canada and USA

Please fill out this form and return it <u>along with the Purchase Order</u> 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: Before filling out this form, please read the respective course information document available on http://www.gedigitalenergy.com/communications/Training/Lentronics.asp.

Company: _____

Your Name:_____

Phone Number: _____ Mobile: _____

Email: _____

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Demo Nodes Required: ☐ Yes ☐ No

> **Note:** If the customer cannot provide at least three JungleMUX nodes for the training course, Demo Nodes can be requested from GE.

Optical Aggregate Units Used:
(check all that apply)

☐ OC-48   ☐ OC-12

☐ OC-3 (86432-0X)   ☐ OC-3 (86432-41)

☐ OC-1

Channel Multiplexing Units Used:
(check all that apply)

☐ JIF-Share

☐ CDAX

   ☐ at SONET nodes   ☐ with electrical T1

   ☐ at T1MX nodes   ☐ with optical T1

External Sync Unit Used: ☐ No   ☐ 86480-01   ☐ 86480-11

CS Service Unit (CSSU) Used: ☐ No   ☐ Yes, in Legacy mode

   ☐ Yes, in Secure mode

NMX Unit Used: ☐ No   ☐ Yes

NMS License(s) Used in Your System:

☐ VLA   ☐ VNI   ☐ VSA   ☐ ATR   ☐ VSNMP

Interface Cards Used in Your System:

VF

☐ 4W VF E&M   ☐ 2W FXO (Single)   ☐ 2W FXS (Single)   ☐ 2W FXO (Quad)

☐ 2W FXS (Dual)   ☐ 2W TO E&M   ☐ Orderwire   ☐ Partyline

DATA

☐ DATA-LS   ☐ DATA-PTM   ☐ DATA-232S   ☐ DATA-56

☐ DATA-G703   ☐ DATA-Nx64   ☐ DATA-Nx64F   ☐ OCUDP

☐ JIF-ETHER   ☐ ETHER-10   ☐ ETHER-100   ☐ ETHER-1000

☐ JIF DS1   ☐ QUAD DS1   ☐ T1/E1   ☐ DS3 MAPPER

TELEPROTECTION

☐ DTT XMT/RCV   ☐ CDR   ☐ DTT Test Panel

TELEMETRY

☐ CONTACT I/O

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: _____ 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: _____ 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 email it along with this form.