



Bridge Functions Group Test Period Company Registration Form

lesting Fees:	\$250 per person for testing.	
PLEASE MAKE ALL CHECKS PAYABLE TO	UNIVERSITY OF NEW HAMPSHIRE	
PLEASE MAIL YOUR CHECK TO:	InterOperability Lab University of New Hampshire 121 Technology Drive, Suite 2 Durham, NH 03824	
Company Information:		
Company Name:		
Address:		
	ate/Province:	
Will your company be physically attending the test p	Zip:	
The join company of physically attending the test p	100100	
Billing Information:		
Address:		
	ate/Province:	
Country:	Zip:	
Fechnical Attendee 1:		
	Talanhana	
Name:	Telephone:	
Arrival: Departure:	Fax: Email Address:	
Departure.	Ellian Fiduloss.	
Fechnical Attendee 2:		
Name:	Telephone:	
Dietary Needs: None Kosher Vegan Vegetarian	Fax:	
Arrival: Departure:	Email Address:	
Fechnical Attendee 3:		
Name:	Telephone:	
Dietary Needs: None Kosher Vegan Vegetarian		
Arrival: Departure:	Email Address:	

If you are attending the test period, there is a weekly testing fee of \$250 per person for testing. Please fill out another form for additional engineers.

Payment will be made via:	
Company Check (Onsite)	Company Check (In Advance)
Wire Transfer (In Advance)	Credit Card
Credit Card Type (Check one): Visa MasterCard	American Express Discover
Credit cards will be taken upon arrival at the Group	Test Period area.
Equipment Information	
Product Description (please include any other equip	ment you can bring for debugging the network):
Company:	
Person Responsible:	
Email Address:	
CM or CM1S:	
DOCSIS Version(s):	