JungleMUX Training Request Form for
On-Site Training in Canada or 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: 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: _____ Cell: _____

Email: _____

Address: _____

City: _____ Province/State: _____

Postal Code / ZIP: _____ Country: _____

Type of Training Course (select one of the two)**:**

☐ **Full 4/4.5/5-Day Course** (duration depends on types of modules used – see page 2)

☐ **Topic-Specific Course including the following modules:**

☐ OC-48 Unit	☐ OC-12 Unit	☐ New OC-3 Unit
☐ Ether-1000 Unit	☐ Ether-100 Unit	
☐ CDAX Unit	☐ CSSU	☐ VistaNET Software

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 at no extra cost.

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 course usually starts on a Monday but it may start on a
Tuesday if requested by the instructor at the time the course is scheduled.

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. _____

Please select one of the following:

☐ The location of the training site is correctly shown when its address is entered in
www.mapquest.com.

☐ I will provide a map (sketch) with directions on how to get to the training site from the hotel
selected by the instructor.

You will also be required to:

- 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.

- Recommend a hotel(s) that is fairly close to the location where the training will be held, if
requested by the instructor.