



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: 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: _____

Please select required training:

TN1U Training

TN1Ue Training

Demo Nodes Required:

Yes

No

Note: If the customer cannot provide at least three TN1U/TN1Ue nodes for the training course, Demo Nodes can be requested from GE.

Optical Aggregate Units Used:
(check all that apply)

-
- STM-1 (86432-2X/3X)
-
- STM-4
-
-
- STM-1 (86432-51)
-
- STM-16

Channel Multiplexing Units Used:
(check all that apply)

-
- CMUX
-
-
- CDAX
-
-
- at SDH nodes
-
- with electrical E1
-
-
- at E1MX nodes
-
- with optical E1

External Sync Unit Used:

-
- No
-
- Yes

CS Service Unit (CSSU) Used:

-
- No
-
- Yes, in Legacy mode
-
-
- Yes, in Secure mode

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-G703
-
-
- DATA-Nx64
-
- DATA-Nx64F
-
-
- ETHERNET
-
- ETHER-10
-
- ETHER-100
-
- ETHER-1000
-
-
- E1
-
- T1/E1

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.