



## Registration Form for MRV's Certification Seminar

Please fill in and send to Jelena Obradovic:  
Fax: +49 - 6105 - 207 - 100  
E-mail: [jobradovic@mrv.com](mailto:jobradovic@mrv.com)  
(Please use a separate form per participant)

### Participant Information:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

### Certification Program (please mark) :

- WDM & Optical Transport Solutions
- Carrier Ethernet Solutions

Dates (please specify the dates during which you intend to participate in the Seminar) :

From \_\_\_\_\_ 2010 To \_\_\_\_\_ 2010

Experience: \_\_\_\_\_ years with networking products.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is your official registration. Upon MRV sending you an official confirmation, the registration will be completed.