



If purchasing **STN-LABOR013** – please [click here](#) to fill out the proper form.

If purchasing **STN-LABOR007** – please [click here](#) to fill out the proper form.

Technical Training 2010 - Enrollment Form



Billing Address (Please Print)

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ email address: _____

Purchase Order Number (required to reserve spot in class): _____

Person(s) Attending:

1. _____

2. _____

3. _____

Please indicate date you wish to attend training in 2010:

February 9-11

August 10-12

April 13-15

October 19-21

June 8-9

December 7-9

Stentofon Customer Programming Information Configuration Document

Dealer: _____

Dealer Location: _____

Phone Number: _____

Contact Name: _____

Project Name: _____

Project Location: _____

The following information given in this document will be used to program the above mentioned project. If changes are requested to the way the intercom system is programmed by the dealer or customer after the programming within this document has been completed, additional charges may occur. Any additional charges will be determined by Zenitel on a project-by-project basis.

Additional Information: