

Fax inquiry form: Analog TV transmitters and repeaters

COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
TYPE			
Type:	Analog transmitter FOT		<input type="checkbox"/>
	Analog repeater FPT		<input type="checkbox"/>
	Analog/Digital transmitter FPT AD		<input type="checkbox"/>
Output power:			
Cooling system:	Forced air	<input type="checkbox"/>	Liquid <input type="checkbox"/>
Mains connections:	Single phase supply	<input type="checkbox"/>	Three phase supply <input type="checkbox"/>
TV standard (B, G, D, H, I, K or N)	_____		
Frequency range:	VHF	<input type="checkbox"/>	UHF <input type="checkbox"/>
Audio characteristics: (* for Tx)	Mono <input type="checkbox"/>	Dual <input type="checkbox"/>	Stereo <input type="checkbox"/> Nicam <input type="checkbox"/>
INPUTS			
Input channel: (*for Rx)			Frequency: _____
OUTPUT			
Output channel:			Frequency: _____
RF output connector:			
RF output filter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
OPTIONS			
Local oscillator (on front panel):	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Rack:	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Height (HE): _____
TECHNICAL DOCUMENTATION			
Format*:	Printed Qty.: _____	CD Qty.: _____	
REMARKS			