



Fax inquiry form: Combiners

COMPANY INFORMATION			
Company name:			
Contact person:			
Address:			
Phone:			
Fax:			
E-mail:			
PROJECT INFORMATION			
Combiners for:	Analog <input type="checkbox"/>	DVB-T/T2 <input type="checkbox"/>	
Frequency range:	FM <input type="checkbox"/>	VHF <input type="checkbox"/>	UHF <input type="checkbox"/>
Type::	Starpoint (type A) <input type="checkbox"/>	Constant impedance (type B) <input type="checkbox"/>	
	Stretchline (type S) <input type="checkbox"/>	With the filter on BB (type D) <input type="checkbox"/>	
	Combination of starpoint and constant impedance (type C) <input type="checkbox"/>		
Cooling system:	Passive <input type="checkbox"/>	Liquid <input type="checkbox"/>	Forced air <input type="checkbox"/>
Channel bandwidth (MHz):	_____		
Mask:	Critical mask <input type="checkbox"/>	Non critical mask <input type="checkbox"/>	
INPUTS			
BB:	_____CH	W	Connector:
NB1:	_____CH	W	Connector:
NB2:	_____CH	W	Connector:
NB3:	_____CH	W	Connector:
NB4:	_____CH	W	Connector:
NB5:	_____CH	W	Connector:
NB6:	_____CH	W	Connector:
NB7:	_____CH	W	Connector:
NB8:	_____CH	W	Connector:
NB9:	_____CH	W	Connector:
OUTPUT			
Output connector:	_____		
TECHNICAL DOCUMENTATION			
Format*:	Printed Qty.: _____	CD Qty.: _____	
REMARKS			

*By default one digital and one printed version is included free of charge.