



CARL ZEISS APPLICATION FORM \
George Glavas - surgicalinsight@gmail.com



		REQUESTOR INFORMATION		Date Submitted:
Requestor Name			Requestor Company:	
Requestor Phone #			Email Address:	
		COURSE INFORMATION		
Course Title				
Course Date				
Course Times			Course Contact email:	
Course Contact Name			Course Contact Phone #:	
Equipment Arrival Date			Other Info:	
Setup Date				
Setup Time				
Teardown Date				
Teardown Time				
		EQUIPMENT INFORMATION		
Objective / Focal Length - (Specify 200mm - (Eye, Dental) / 250mm - (ENT) / 300mm - (Neuro, Spine)				
Beam Splitter w/ co-observation - Always included				
Video - Max of 9 (Single Chip) - Customer to supply monitors - See Below				
MORA (Dental ONLY) - (MAX of 10)				
Speciality (Eye, Neuro, Dental, Spine, ENT)				
Number of Units				
Set up Consultant Needed			FSE Assigned: (Zeiss)	
		BILLING INFORMATION		
Facility				
Address 1				
Address 2				
City, State, Zip				
Contact				
Phone Number				
		SHIPPING INFORMATION		
Facility				
Address 1				
Address 2				
City, State, Zip				
Shipping Coordinator				
Phone Number				
Loading Dock Hours				
Microscopes Sent / Case Numbers				

<p>Comments:</p>	<p>Video comes with ONLY S-video or BNC outputs, (HDMI on Request only). Large Monitors to be supplied by requestor with HDMI input. (Long cable not provided). AV is NOT provided. Camera is a SINGLE chip internal video camera. We do NOT provide other camera systems. Small 7" monitors on request only</p>			
<p>Comments:</p>	<p>Microscope setup/teardown - 15 minutes per microscope, customer must provide sturdy wooden tables. SI will advise customer.</p>			
<p>Comments:</p>	<p>Microscope can NOT be setup the SAME day as the workshop, scopes must be setup the day before</p>			