



# CONNEXT DDS SUPPORT PACKAGE

## SCHEDULING FORM

To schedule your Connext DDS Support Package (CSP), please fill out and submit this form. The required Customer ID can be found in the initial email that was sent to you. For scheduling inquiries concerning these services, assistance with completing the forms, obtaining your Customer ID, or to schedule later visits, please contact your account team or [scheduling@rti.com](mailto:scheduling@rti.com).

### YOUR INFORMATION *\*required*

Your Name

Your Email Address

RTI Customer ID (refer to initial e-mail)

Today's Date (YYYY-MM-DD, e.g. "2020-03-25")

### CONTACT INFORMATION *\*required*

Note: For the initial planning call, please invite representatives who can make scheduling decisions and who understand the goals and scope to be discussed.

Address for CSP

Contact Name

Contact Email Address

Contact Phone Number (e.g. "408-123-4567")

Contact Time Zone (e.g. "PST")

### SCHEDULING DATES *\*required*

Please provide 3 date ranges (depending on the number of days purchased: 2, 5, or 10) that are on separate weeks. List in order of preference.

1st preference (YYYY-MM-DD, e.g. "2020-03-25")

Start to End

2nd preference

Start to End

3rd preference

Start to End

### CITIZENSHIP & SECURITY CLEARANCE *\*required*

Please select one answer.

No requirements

Yes, there are Citizenship & Security Clearance requirements

If "Yes," please specify the Citizenship and/or Security Clearance requirements:

### DESCRIPTION *\*required*

Please provide a brief description of what your requirements are for your upcoming CSP.

### THANK YOU

Remember to save this document after filling it out and send it back to [scheduling@rti.com](mailto:scheduling@rti.com). RTI Services will get in touch with you for next steps and look forward to working with you!

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