



Hands-on Workshop in Photonics

ABOUT THE COURSE

This one-of-a-kind short course demonstrates in a lab setting the application of optical components and systems by utilizing entirely state-of-the-art simulation tools (Opti System 2.2)

WHO CAN BENEFIT?

Professionals, managers and decision-makers within the Photonics industry, as well as researchers and instructors interested in the application of simulation tools in Photonics teaching and research

COURSE CONTENT

Hands-on Workshop on Photonics (1 Day)

- Lab 1: Introduction to the Simulation Tools
- Lab 2: Simulation of a Complete Optical Communication System
- Lab 3: Dispersion Compensation Technique
- Lab 4: Amplifier Design-EDFA & SOA
- Lab 5: DWDM Filter Design-Fabry Perot & Bragg Gratings
- Lab 6: Receiver Performance Analysis
- Lab 7: Power Budget Analysis

ABOUT THE INSTRUCTOR

Professor John Armitage is leading Carleton University's new area of Photonics. He is on the Executive Board of the Ottawa Photonics Cluster and the Joint Photonics Project Team overseeing the Algonquin-Niagara Photonics Project.

WHEN?

December 6, 2002, 8:30-4:30

WHERE?

Optiwave Corporation (Training Facility)
7 Capella Court
Ottawa, Ontario K2E 7X1

COST

- ✓ \$595.00 (CDN + GST)
- ✓ Free Lunch & Parking
- ✓ 20% Discount for more than one (1) person from the same company

REGISTRATION

Please fill the reverse side of this pamphlet and fax it to 613-746-6653 or visit www.vitesse.ca



REGISTRATION

Please include a separate application form and fee for each individual.
Fax: 613-746-6653

COURSE FEE

	Item	Cost
✓	Hands-on Workshop in Photonics	\$636.65 (\$595.00 CDN + GST)
	Subtract 20% of total (make sure to include GST) for registration of more than 1 person from the same company*	
	TOTAL:	

*Authorization Information (for confirmation):

Name: _____

Title: _____

Organization: _____

PAYMENT INFORMATION

<input type="checkbox"/> Cheque (made payable to: Vitesse (Re-Skilling) Canada Inc.)
Credit Cardholder's Name (please print): _____
<input type="checkbox"/> Visa _____ expiry date _____
<input type="checkbox"/> Mastercard _____ expiry date _____
<input type="checkbox"/> Amex _____
Credit Card Number: _____
Signature: _____

PERSONAL DATA

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Other _____
Last Name			First Name		Middle Initial
Address			City		Province
Postal Code	Telephone (Home)	Telephone (Work)	E-mail		