

NAME _____

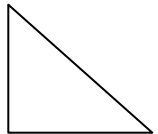
AGENCY _____

TEL # _____

REF# _____

M 2616

meridian



HOLD

RLS

HANDS FREE
MUTE

PROGRAM

Transfer

Conference

1

2

3

4

5

6

7

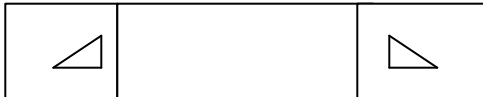
8

9

*

0

#



[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]

[Empty button]