



Classroom Worksheet

Address: _____
_____, _____

School Phone: _____

Cell Phone: _____

Email: _____

Fax #: _____

Ceiling Type: Concave Vaulted Exposed Beam Flat

Ceiling Height: _____ ft _____ in

Ambient Light: Windows - Side Entrance Other _____

Lights - Overhead Florescent Track Other _____

Desired Projector or Panel placement: Ceiling Mount Cart/Shelf Other _____

Need a Screen? Yes No If yes, size? _____ ft _____ in Determine this for me, based on specs given.

Type: Electric Portable Manual Wall Flat Wall Other: _____

Placement: One, Front & Center Two, on Either Side of Front Other _____ (Also indicate on graph - Page 1)

Distance Measurements...

Front Wall to Back Wall: _____ ft _____ in

Width of Room: _____ ft _____ in

Projector to Screen: _____ ft _____ in

Determine this for me, based on specs given.

Projector to Tech area: _____ ft _____ in

Determine this for me, based on specs given.

Do you want to network your projector? Yes No

Bluetooth Software? Yes No

Desired Audio Equipment: Speakers Mixing Board Mics Other _____ None

Desired AV Furniture: Stand Projector Cart Other _____ None

Please note anything else we may need to consider when designing your Custom AV System: _____