

PROJECT #:

Contact Info: Today's Date: _____ Installation: Quote Due: _____ Install Date: _____

Name _____ Project Name _____

Company _____ Email _____

Phone _____

Check-mark documents supplied: Sketch Photos CAD Drawing Datasheets

Projector Information	Projector Frames
<p>A: Projector 1 Mfr: _____ <input type="checkbox"/> XENON <input type="checkbox"/> LASER Model: _____ Qty: _____ Lens Orientation: _____ <input type="checkbox"/> CENTER <input type="checkbox"/> SIDE</p>	<div style="font-size: 2em; font-weight: bold; color: orange; border: 1px solid orange; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">A</div> <h2 style="margin: 0;">Projector Frames</h2> <p>Projector Use</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Touring <input type="checkbox"/> Rigging <input type="checkbox"/> Stacked</p> <p><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Chiller <input type="checkbox"/> Other</p> <p>Overhead Structure</p> <p><input type="checkbox"/> Wood Beam <input type="checkbox"/> Steel Beam <input type="checkbox"/> Truss/Pipe <input type="checkbox"/> DECK</p> <p><input type="checkbox"/> Other _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
<p>B: Projector 2 Mfr: _____ <input type="checkbox"/> XENON <input type="checkbox"/> LASER Model: _____ Qty: _____ Lens Orientation: _____ <input type="checkbox"/> CENTER <input type="checkbox"/> SIDE</p>	
<p>C: Lens 1 Mfr: _____ <input type="checkbox"/> SHORT <input type="checkbox"/> LONG Model: _____ Qty: _____ Lens Placement _____ <input type="checkbox"/> CENTER <input type="checkbox"/> SIDE</p>	
<p>D: Lens 2 Mfr: _____ <input type="checkbox"/> SHORT <input type="checkbox"/> LONG Model: _____ Qty: _____ Lens Placement _____ <input type="checkbox"/> CENTER <input type="checkbox"/> SIDE</p>	

Projector Lifts	Projector Wall Lifts
<div style="font-size: 2em; font-weight: bold; color: orange; border: 1px solid orange; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">B</div> <h2 style="margin: 0;">Projector Scissor Lifts</h2> <p>Projector Use</p> <p><input type="checkbox"/> In Booth <input type="checkbox"/> In Auditorium <input type="checkbox"/> Lens to Ceiling</p> <p><input type="checkbox"/> Chiller <input type="checkbox"/> Hush Box <input type="checkbox"/> Lens to Floor</p> <p>Overhead Structure</p> <p><input type="checkbox"/> Wood Beam <input type="checkbox"/> Steel Beam <input type="checkbox"/> Truss/Pipe <input type="checkbox"/> DECK</p> <p><input type="checkbox"/> Other _____</p> <p>Wall Structure</p> <p><input type="checkbox"/> Studs <input type="checkbox"/> Plywood <input type="checkbox"/> Block <input type="checkbox"/> Other</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="font-size: 2em; font-weight: bold; color: orange; border: 1px solid orange; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">C</div> <h2 style="margin: 0;">Projector Wall Lifts</h2> <p>Projector Use</p> <p><input type="checkbox"/> In Booth <input type="checkbox"/> In Auditorium <input type="checkbox"/> Lens to Floor</p> <p><input type="checkbox"/> Chiller <input type="checkbox"/> Hush Box <input type="checkbox"/> 3D Mover</p> <p><input type="checkbox"/> Other _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>