



Application Worksheet: Projector Lift

Please provide the details of your application.

Tell us about you and your organization

Contact Info:

Name _____
 Title _____
 Company _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____

Classification:

OEM
 Systems Integrator
 End User
 Consultant

Job Status:

Awarded
 Bidding

Installation:

Install Date: ____/____/____
 Quote Date: ____/____/____

Tell us about your application

Make of Projectors	
Model of Projectors	
Model of Projector Lens	
Quantity of auditoriums	
Retro Fit or New Built?	
Where is the facility located?	
Name and contact Architect Firm	
Height from floor to ceiling (back row auditorium)	
Distance from back wall to screen	
Screen width	
Preference for wall or ceiling lift (when applicable).	
3D Attachments? Y/N	
Specifications 3D attachments	
Room in enclosure needed for other equipment?	
Do you need a referral to an experienced installation company?	
Connection to a NOC or TMS system?	
Additional Remarks	