

VIDEO INSTALLATION DESIGN GUIDELINE

Contact:					
Date:			Project Name:		
Company:					
Email:			Tel:	Fax:	
Bid Date:			Install Date:		
424-3520 . Allow 424-1100 (Tel) F	a few days for you PST and ask for an		ved. If you need assista	design@adapttechgroup. ance in completing this for	
Check-mark docu	uments supplied:				
Sketch	Photo	CAD Drawing	g Datasheet		
Service Access	5	Front [Rear	Model: Model:	
c. Monitor Mfr.:_			 LCD_Size:	Model:	Qty:
Comico Acces	;	Front [Rear		
Service Access	boxes to illustrate	e your specific applica	ation needs. Fax to 563	2.424.3520. Email to des	ign@adapttechgro
Use the following	LUSTRATE FRONT	VIEW	ILLUS		
Use the following	USTRATE FRONT	VIEW	ILLUS'		
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Use the following	USTRATE FRONT	VIEW	ILLUS'		
Use the following	USTRATE FRONT	VIEW	ILLUS		



GROUND	SUPPORTED	VIDEO	WALLS

APPLICATION DETAILS	S (Check-mark all that apply)		
Monitor Use			
Monitors Wide	Monitors Tall	Portrait Orientaion?	☐ Landscape Orientaion?
Permanent	Bezel		
Touring	Down Tilt (°)		
Indoor	☐ Trolly/Track System?		
Outdoor	Straight Wall?		
Need Installation?	Curved Wall?		
Distance from wall (if app	olicable)		
	t tier of monitors		
Note: Some LCD monitors m	ay not be tilted more than 15°		





WALL MOUNTED VIDEO WALLS

APPLICATION DETAILS	Check-mark all that apply)		
Monitor Use			
☐ Permanent ☐ Touring ☐ Indoor ☐ Outdoor ☐ Need Installation? Distance from wall (if applice Distance from floor to 1st tie	Monitors Tall Bezel Down Tilt (°) Trolly/Track System? Straight Wall? Curved Wall? able) er of monitors.	Portrait Orientaion?	Landscape Orientaion?
ILLUSTRATE FRONT VIEW	n boxes to fax your specific appl	ILLUSTRATE SIDE VIEW	20.





OVERHEAD VIDEO WALLS

APPLICATION DETAILS	S (Check-mark all that app	oly)		
Monitor Use				
Monitors Wide	Monitors Tall		Portrait Orientaion?	☐ Landscape Orientaion?
Permanent	☐ Vertical			
☐ Touring	Down Tilt (°)			
Indoor	☐ Trolly/Track Sys	stem?		
Outdoor	Straight Wall?			
☐ Need Installation?	Curved Wall?			
Overhead Structure				
☐ Wood Beam	Truss			
☐ Metal Beam	Other			
Winch	☐ Hoist	☐ Drive System		
Monitor Bezel				
Comments:				
use the following illustrat	tion boxes to fax your sp	pecific application r	needs. Fax to 562.424.352	20.
ILLUSTRATE FRONT VIEV			needs. Fax to 562.424.352	20.
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