

PROJECT DETAILS

Date		By	
------	--	----	--

Company Name			
Key Contacts	For:	Tel:	Email:

Project Name			
Purpose of Facility			
Audience	Size	No. of Presenters	

Timescales	Site Survey	Quotation	Order	Installation	Completion

Competition	
--------------------	--

Room	Name		Ceiling		Floor
	Height	m	False <input type="checkbox"/> Gap:	m	Solid <input type="checkbox"/>
	Width	m			Computer <input type="checkbox"/>
	Length	m	Construction / Age:		Other:

Sketch Room Layout
 Indicate – doors, windows, lighting, audience position, equipment, presenter position, likely obstructions, lectern position(s)

NB – rail system required? front/rear projection?