

LCD OVERHEAD VIDEO WALL WORKSHEET

1 CONTACT INFORMATION

Contact: _____
 Date: _____ Project Name: _____
 Company: _____
 Email: _____ Tel: _____ Fax: _____
 Bid Date: _____ Install Date: _____

Please email manufacturer's data sheets and CAD drawings with this form to sales@adaptivetechnologiesgroup.com
 Allow a few days for your project to be reviewed. If you need assistance in completing this form, please call **562-424-1100 (Tel) PST** and ask for an application specialist.

2 MONITOR INFORMATION

a. Monitor Mfr.: _____ Size: _____ Model: _____ Qty: _____
 Service Access _____

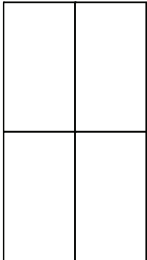
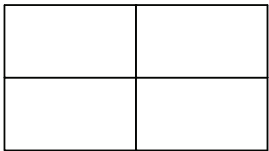
b. Monitor Mfr.: _____ Size: _____ Model: _____ Qty: _____
 Service Access _____

c. Monitor Mfr.: _____ Size: _____ Model: _____ Qty: _____
 Service Access _____

3 APPLICATION DETAILS (Check-mark all that apply)

Monitor Use:

Qty Monitors Wide: _____ Qty Monitors Tall: _____

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Trolley/ Track System? | <input type="checkbox"/> Portrait Orientation? | <input type="checkbox"/> Landscape Orientation? |
| <input type="checkbox"/> Touring | <input type="checkbox"/> Straight Wall? |  |  |
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Curved Wall? | | |
| <input type="checkbox"/> Outdoor | <input type="checkbox"/> Bezel Needed | | |

Overhead Structure

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Wood Beam | <input type="checkbox"/> Truss |
| <input type="checkbox"/> Metal Beam | <input type="checkbox"/> Other |
| <input type="checkbox"/> Winch Needed? | <input type="checkbox"/> Hoist Needed |

Distance from ceiling to top tier of monitors _____

Rigid Mount: Suspended:

Additional Notes: _____

Note: Some video monitors may not be portrait oriented and some may not be tilted more than 20°