

LED 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@adaptivetechologiesgroup.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 _____

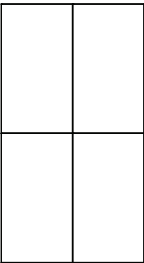
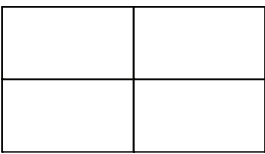
3

OVERHEAD VIDEO WALLS

APPLICATION DETAILS: (Check-mark all that apply)

Monitor Use:

Qty Monitors Wide: _____ Qty Monitors Tall: _____

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Down Tilt (°) | <input type="checkbox"/> Portrait Orientation? | <input type="checkbox"/> Landscape Orientation? |
| <input type="checkbox"/> Touring | <input type="checkbox"/> Trolley/Track System? |  |  |
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Straight Wall? | | |
| <input type="checkbox"/> Outdoor | <input type="checkbox"/> Curved Wall? | | |
| <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 _____

OEM Rigging Beam to be used

Additional Notes: _____
