

## PROJECT SURVEY REQUEST

This form is designed to provide CTGaudio with the basic information needed to determine the best solution for your project. It will allow us to decide which of the various CTG products and programming provide you and your customer the best conferencing results possible. This is a computer fillable PDF form and can be printed and taken to the project site. Please be as accurate and complete as possible, our calculations can only be as accurate as the information we receive. Please complete all information and submit via fax to: (904) 880-5104 or email to: shelly@ctgaudio.com.

### Distinctive Project Name:

 Audio Teleconferencing Video Teleconferencing Classroom/Training RoomCodec: Mixer: 

### Room Dimensions:

 Please provide drawings and photographs if availableLength: Width: Height:  Feet MetersMore than one height? 

### Surface:

Ceiling:  Sheetrock  Acoustic Tile  Other Describe: Floor:  Carpet  Other Describe: Long Wall 1:  Sheetrock  Wood  Glass  Brick  Other Describe: Long Wall 2:  Sheetrock  Wood  Glass  Brick  Other Describe: Short Wall 1:  Sheetrock  Wood  Glass  Brick  Other Describe: Short Wall 2:  Sheetrock  Wood  Glass  Brick  Other Describe:  Room is not rectangular (please supply sketch or drawing showing shape and dimensions)

### Furniture:

Table: Length:  Width:   Feet  Meters  FixedTable Shape:  (Round, Square, Rectangle, Oval, Boat, U-shaped, Racetrack)

**Area For Presenter and Audience:**

Presenter:

Length:  Width:  Height:   Feet  Meters

Audience:

Length:  Width:  Height:   Feet  Meters

**Room Acoustics:**

Ambient Noise Level (Scale of 1 to 10)  Does the room have ceiling mounted projector?  Yes  No

Comments:

**Reverberation:**

Noticeable Echo to a hand clap?  Yes  No

Noticeable Echo to normal speech?  Yes  No

**Audio Connectivity:**

PC Audio  Presenter Microphone  DVD  VCR  Is there a podium or lecturn

Voice Reinforcement within room (zoning)  Voice Reinforcement Presenter to Audience

Room Combining and Separating (dividing folding door(s)) Number of Separated Rooms:

Comments:

**Your Information:**

First Name:	<input type="text"/>	Last Name:	<input type="text"/>		
Company:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>	Email:	<input type="text"/>		
Phone:	<input type="text"/>	Video IP:	<input type="text"/>		
Fax:	<input type="text"/>	Skype:	<input type="text"/>		

**CTG AUDIO IS HERE TO ASSIST YOU THROUGHOUT YOUR PROJECT**

CTG Engineering may contact you if we have any further questions about your project