

Please **PRINT CLEARLY** and use 1 sheet per room. Black pen or dark pencil recommended for filling out form by hand

Fax: 970.776.1941 **Mail:** 5836 Wright Drive, Loveland, CO 80538 **Email To:** analysis@ultimatesupport.com

Dealer Name: _____ Email: _____

Facility Info

Facility Name: _____ Your Name: _____
 Email: _____ Phone: _____ Fax: _____ Zip Code: _____

Budget *(Only Check One.)*

- \$1,000 - \$5,000 \$10,000 - 20,000
 \$5,000 - \$10,000 : \$ _____

Room Emphasis

- Speech
 Music
 Even Mix of Both

Type of Music

- Contemporary (e.g. Full Band)
 Traditional (e.g. Organ, Choir, etc.)
 Both

Type of Room *(Only Check All That Apply.)*

- Sanctuary/Nave Restaurant Auditorium
 Multi-Purpose/Gymnasium Dance Studio Club/Venue Other: _____

Is This Facility? *(Check One)*

- Sanctuary/Nave
 Multi-Purpose/Gymnasium

Do you have access to: CAD Drawings Blueprints Digital Photos

NOTE: An Ultimate Acoustics Large Room Specialist will be contact you to obtain these files.

Room Dimensions <i>(Please Indicate Dimensions, e.g., "ft," "in," "mm" or "cm")</i>			
Length:	<input type="text"/>	Width:	<input type="text"/>
		Height:	<input type="text"/>
<small>(Note: If your room is non-rectangular, please use the back of this sheet to sketch)</small>			
Surface Types <i>(Please use back of sheet if more detail is required.)</i>			
WALLS:	<input type="checkbox"/> Drywall/SheetRock®/Gypsum Board <input type="checkbox"/> Brick	<input type="checkbox"/> Plaster <input type="checkbox"/> Unfinished	<input type="checkbox"/> Wood Paneling <input type="checkbox"/> Concrete (Block or Poured) <input type="checkbox"/> Other: _____
CEILING	<input type="checkbox"/> Drywall/SheetRock®/Gypsum Board <input type="checkbox"/> Exposed Joists	<input type="checkbox"/> Drop Tile Ceiling ("T" bar, "grid", etc.) <input type="checkbox"/> Metal Deck/Trusses	<input type="checkbox"/> Other: _____
FLOOR	<input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood	<input type="checkbox"/> Vinyl/Tile <input type="checkbox"/> Concrete	<input type="checkbox"/> Unfinished Subfloor <input type="checkbox"/> Other: _____

Capacity:

Number of Seats: _____

Type of Seating:

<input type="checkbox"/> Pews with... <input type="checkbox"/> Hard Backs/Hard Seats <input type="checkbox"/> Hard Backs/Padded Seats <input type="checkbox"/> Padded Backs/Padded Seats	-OR-	<input type="checkbox"/> Chairs with... <input type="checkbox"/> Hard Backs/Hard Seats <input type="checkbox"/> Hard Backs/Padded Seats <input type="checkbox"/> Padded Backs/Padded Seats
---	------	---

Observed or Measured Acoustical Problem(s) *(Only Check All That Apply.)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Poor Speech Intelligibility | <input type="checkbox"/> Excessive Reverberation | <input type="checkbox"/> Excessive Reverberation |
| <input type="checkbox"/> Poor Musical Clarity | <input type="checkbox"/> Feedback | <input type="checkbox"/> Mixes don't translate |
| <input type="checkbox"/> Lack of Ensemble with Group Singing | <input type="checkbox"/> Too Dead | <input type="checkbox"/> Other: _____ |

Other Details, if any: (e.g. existing treatments, loudspeaker and/or sound system details)

Describe: _____

Use this graph paper to provide us with an accurate layout of your room
(Please provide locations of doors, windows, beams, ducts, furniture, equipment, etc.)

Please provide all dimensions, including ceiling height.

A large grid of graph paper for room layout. The grid consists of 7 columns and 10 rows of large squares. Each large square is further divided into a 10x10 grid of smaller squares, creating a total of 70x100 small squares. This grid is intended for drawing a room layout with dimensions and features like doors and windows.