

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

Your Information

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

Dealer Information

Preferred Dealer: _____ Contact Name: _____ Date: _____
 Dealer Phone: _____ Dealer Fax: _____ Dealer Email: _____

Budget (Only Check One.)

\$500 - \$1,000* \$1,000 - 2,000
 \$2,000 - \$3,000 : \$ _____

**Acoustic Treatment Only*

You Are A(n) (Only Check All That Apply.)

Engineer/Producer Musician (Instrument: _____)
 Vocalist/Voice-over Talent Audiophile
 Church/Worship Other: _____

Type of Room (Check All That Apply.)

Project Studio Mastering Rehearsal Space Control Room Audiophile/Listening Teaching Studio
 Live Room Vocal Booth Video Edit/Production Broadcast Office Space Other: _____

NOTE: For large rooms like gyms, sanctuaries and night clubs, please use our Large Room Analysis Form which can be found at www.UltimateAcoustics.com/pcf

Do You RENT -OR- OWN The Space that the Acoustic Treatment is going?

Music Style/Production (Only Check All That Apply.)

Pop/Rock/Blues Jazz Country Classical Dance/Techno Hip-Hop/Urban
 MIDI/Electronic Voice-over Acoustic Contemporary Alternative/Hard Rock Worship
 Other: _____

Room Dimensions <small>(Please Indicate Dimensions, e.g., "ft," "in," "mm" or "cm")</small>			
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 (Please use back of sheet if more detail is required.)			
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: _____

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

Room Acoustics

Flutter Echo ("slapback")
 Bass Build-up ("boomy") and/or Cancellation ("no bass")
 Room "Ring"
 Excessive Reverberation
 Mixes don't translate
 Other: _____

Sound Isolation

Disturbing Roommates/Family/Neighbors
 Unwanted External Sounds/Noise
 HVAC Noise
 Room to room sound leakage within a studio
 Other: _____

Speaker Information

Stereo 2.1 5.1 Other: _____
 Manufacturer: _____ Model: _____
 Additional Info: _____

Do you have access to?*
 Digital Photos
 CAD/Architectural drawings
**An Ultimate Acoustics Application Specialist will contact you for more information.*

Existing Acoustic Treatment

Yes No
 If Yes, Please 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 drawing a room layout. The grid is composed of 10 columns and 20 rows of small squares, with thicker lines forming a larger grid of 5 columns and 4 rows.

Ultimate Acoustics Free Personalized Room Analysis Terms: We are proud to provide free product application support to all our customers. Please note the following:

1. Ultimate Acoustics is confident our products will perform as described in our literature. Please understand that since we are unable to be on-site to experience sound in your actual room(s) and since room acoustics is a subjective science, we are unable to guarantee actual acoustical results in your room(s) after treatment with Ultimate Acoustics products.
2. Due to an ever-growing demand for acoustical assistance and the popularity of Ultimate Acoustics products, our Free Personalized Room Analyses are limited to a maximum of two (2) hours of phone discussions, emails and/or faxed correspondences. This is necessary to ensure we can assist everyone in a timely fashion. If your product application support needs exceed this limit, an Ultimate Acoustics representative will contact you to discuss additional options.
3. Ultimate Acoustics Free Personalized Room Analyses are limited to customers using Ultimate Acoustics products. The contents of our product application support correspondences are applicable only for Ultimate Acoustics customers using Ultimate Acoustics products. Using the information contained therein for the application of non-Ultimate Acoustics products voids any claims made concerning expected acoustical results.