

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 determine which of the various CTG products and programming will give you and your customer the best conferencing results possible. The form may be printed and taken to the project site.

Project Name _____

Room Used For: Audio Teleconferencing Video Teleconferencing Classroom/Training Room

Codec: _____

Room Dimensions Please provide room drawings, if available

*Length _____ Width _____ Height _____ Feet Meters

*Ceiling: Sheetrock Acoustic

*Floor: Carpet Other Describe _____

*Walls: Sheetrock Wood Glass Brick Cement Other _____

Furniture

*Table Length _____ Width _____ Feet Meters

*Table Format _____
(Round, Square, Rectangular, U-shaped) Fixed Table Movable Table

Lectern or Podium YES NO

Presenter and Audience

Area for Presenter Length _____ Width _____ Height _____ Feet Meters

Area for Audience Length _____ Width _____ Height _____ Feet Meters

Acoustics

Barely Noticable

Hard to Hear Over

*Ambient Noise 1 2 3 4 5 6 7 8 9 10 (Check the appropriate Level)

Does the room contain a Ceiling Mount Projector? YES NO Type? LCD CRT

Reverberation

Noticeable Echo to a hand clap? YES NO

Noticeable Echo to Normal Speech? YES NO

Program Audio Requirements

DVD VCR PC Audio Lapel Microphone Local Speech Reinforcement

*Name _____

*Company _____

City _____ State _____ *Zip/Postal Code _____

*Contact Phone _____ *Fax _____ *Video _____

*Email _____

CTGaudio

Please complete ***all required information** and submit via fax to: (904) 880-5104 or email to ; shelly@ctgaudio.com.
For your convenience, form is available for printing and may be taken to Project Site location. Form is also available at www.ctgaudio.com