

AVCS

AudioVisual Consulting Services, Llc.
Technology Consulting for the 21st Century

Pre-Sales Project Checklist

Client Name: _____ Prepared by: _____ Request Date: ___/___/___

Project Name: _____ Estimated Budget: _____ Budget Source: _____ Quote Due Date: ___/___/___

Regional Service Manager: _____ Date Reviewed: ___/___/___ Other: _____

Contact Name: _____

On-Site Contact Name: _____

Address: _____

Address: _____

Address Line 2: _____

Address Line 2: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Phone: _____ Cell: _____

E-mail: _____

E-mail: _____

SCOPE OF WORK: _____

DESCRIPTION OF SPACE

New Construction: Renovation: Room Function: _____ Room accessibility: _____

Ceiling Type: Sheetrock Ceiling Tile Plenum Non-Plenum Accessible Non-Accessible Other _____

Wall Type: Sheetrock Block Concrete Accessible Non-Accessible Other _____

Floor Type: Concrete Wood Brick Tile Other _____ Basement Top Floor # of Occupants: _____

Elevator Access: _____ Parking Details: _____ Floor Number: _____ Furnished: _____

OVERALL SOLUTION DETAILS

- Portable Installation Electronic Whiteboard Network Connection Presentation Simplified Control Enhanced Control
- Voice Lift Program Audio Video Conference Audio Conference Multiple Displays Source Matrixing Sound Masking
- Speech Paging Lecture Capture Streaming Room Combining Multi-Purpose Other _____

VIDEO SOLUTION DETAILS

SOURCES: PC Laptop DVD Doc Camera iPad USB

SIGNALS: HDMI DVI VGA Composite Component

DISPLAYS: LCD LED Projector 16 x 9 16 x 10 4 x 3

SCREEN: Manual Electric Wall Mount Recessed

CONTROL SOLUTION DETAILS

Button Wall TP Table TP Wireless TP I-Pad Lighting

Existing System Type System: _____ Existing Code: _____

AUDIO SOLUTION DETAILS

Ceiling Spkrs Wall Spkrs DSP Manual Mixer Plenum Amp

Wireless Mic Ceiling Mic Table Mic Zoned Recording

INFRASTRUCTURE - FURNITURE - CONNECTIVITY DETAILS

Lectern Wall Rack Floor Box Floor Rack Panduit Pop-Up

Internal Wall Box External Wall Box Floor Trac A/C Power

EQUIPMENT DETAILS: _____

PROJECT INFORMATION: _____

SOLUTION MAINTENANCE DETAILS: How do you want to maintain the solution after the Installation?

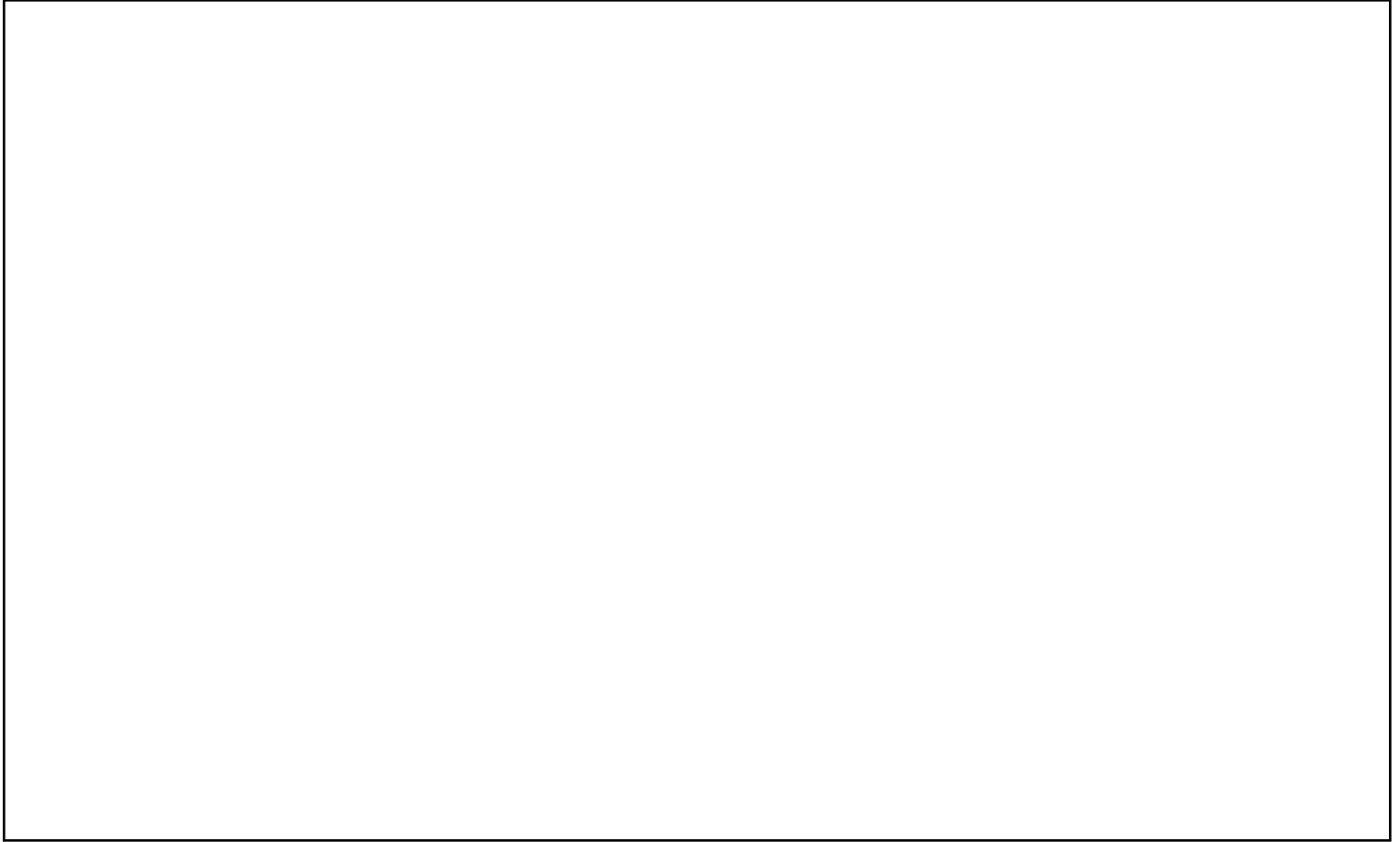
PLEASE! Provide sketche(s) of the space on the back of this form AND take pictures (overall and detail views).

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ROOM DIMENSIONS AND DEVICE LOCATIONS



PLAN VIEW



ELEVATION VIEW