



Theatre Name: _____

City/ State _____ Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Number of Auditoriums: _____ Number of Conversions: _____

Screen #	Current Screen Size (Height x Width)	Throw Distance (screen to projector)	Masking (Top, Side, None)	Current screen type (white, 1.8, silver)	Seat Qty
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

*Please also indicate which (if any) of your screens are Curved: _____

Current Sound Processor (make/model): _____

Current Booth Monitor (make/model): _____

Current Amplifiers (make/model/quantity): _____

3D to be quoted (if applicable): Dolby: _____ Master Image: _____ Real D: _____

Additional Request to be Included in Quote/Notes:

