



Free Room Analysis Form

PLEASE PRINT CLEARLY AND USE ONE (1) SHEET PER ROOM. Use black pen or dark pencil.

☎ Fax: 831-423-0253 -or- ☎ Phone: 800-491-6874

Dealer Info.

Name: **AV NOW** E-mail: **sales@avnow.com**

Facility Info

Facility Name: _____
Your Name: _____ E-mail: _____@_____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Zip Code: _____ - _____

Budget (Check one)

- \$500 - \$1,000
- \$1,000 - \$3,000
- \$3,000 - \$5,000
- Other _____

Facility Emphasis

- Speech
- Music
- Even Mix of Both

Type of Room (Check all that apply)

- Multi-Purpose/Gymnasium
- Fitness Studio
- Aquatic/Pool Facility
- Other _____

Is This Facility? (Check one)

- New Construction
- Renovation

Room Dimensions (Inches or feet)

Length: _____

Width: _____

Height: _____

For best possible results please include: CAD Drawings Blueprints Digital Photos

Surface Types (Please use back of sheet if more detail is required)

- Walls:** Drywall/SheetRock®/Gypsum Board Plaster Wood Paneling Concrete (Block or Poured)
 Brick Unfinished Other: _____
- Ceiling:** Drywall/SheetRock®/Gypsum Board Exposed Joists Drop Tile Ceiling ("T" bar, "grid", etc.) Metal Deck/Trusses
 Other: _____
- Floor:** Carpet Hardwood Concrete Vinyl/Tile Unfinished Subfloor Rubber Flooring
 Other: _____

Room Capacity: _____

Observed or Measured Acoustical Problem(s) (Check all that apply)

- Poor Speech Intelligibility Excessive Reverberation Flutter Echo
- Poor Musical Clarity Feedback Too Dead
- Other: _____

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

No Yes, Describe: _____

NOTE: AV Now Large Room Analyst will be contacting you for additional details and information.

