



PERFORMANCE MEDIA INDUSTRIES, LTD.

Initial Design and Consulting Questionnaire

Project Name: _____ Today's Date: _____

Audio and Video Equipment Dealer/Installer: _____

Client Information:

Name: _____ Phone: _____

Address: _____

E-mail: _____ Fax: _____

Billing Contact and Address: _____

Phone/Fax: _____

Architect Name: _____ Architect Phone: _____

Builder Name: _____ Builder Phone: _____

Interior Designer Name: _____ Phone: _____

Room Information:

Owner's Name: _____ Room Name (theater, den, etc): _____

Address: _____

Room Status: Existing Remodel New Room Dimensions: _____

Uses (theater, family room, music space, etc.): _____

Intended number of seats: _____ Style of Seating (i.e. sofa, theatre seating): _____

Room Theme and Desired Look: _____

Budgets and Schedules:

Construction Budget: _____ Equipment Budget: _____

Expected completion date: _____

Project Scope

Please rate the importance of the following. Circle your choice and add any notes or comments. If you are unsure or don't know, do not circle a choice.

Room's importance?

Not important

Somewhat important

Very Important

Comments: _____

Room's frequency of use?

Rarely

Regularly

All of the Time

Comments: _____

Intended use of this room (Circle all that apply)?

Film

TV

Music playback

Live Performance

Comments: _____

Soundproofing/Sound Isolation needed?

None

Some Attenuated Sound Audible from Room

No Sound Audible from Room

Comments: _____

HVAC and Noise Control?

Not important

Somewhat important

Very Important

Comments: _____

Acoustically accurate room?

Not important

Somewhat important

Very Important

Comments: _____

Bass performance?

Not important

Somewhat important

Very Important

Comments: _____

Dialog clarity?

Not important

Somewhat important

Very Important

Comments: _____

Surround sound experience?

Not important

Somewhat important

Very Important

Comments: _____

Desired Screen size?

Small

Standard

Huge

Where you like to sit in a movie theater?: Front row

Middle

Back row

Comments: _____

Desired Screen Format?

1.78:1

2.0:1

2.35:1

Comments: _____

Interior design work?

By Others

Want PMI Involved

PMI to Design the Room

Comments: _____

Automation / Control?

Not important

Somewhat important

Very Important

Comments: _____

Is there specific Audio or Video equipment you want to use?

No

Open to Suggestions

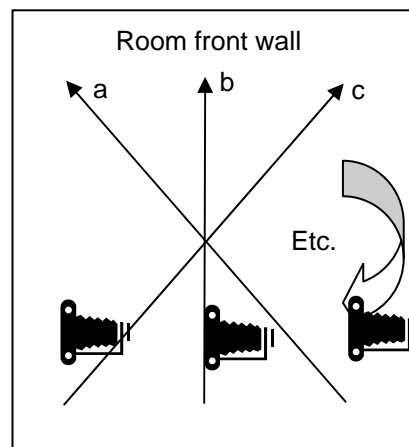
Yes

Comments: _____

• Documentation - Pictures

Please supply the following pictures. Take all the pictures in a sequence and do not rename them. The camera will automatically create an incremented file name set, which will make it easy to follow:

1. Views of all the walls and corners in the following order:
 - a) Start with a picture of the front left corner taken from the right rear corner
 - b) Continue with a picture of the front wall taken from the middle of the rear wall
 - c) Continue with a picture of the front right corner taken from the left rear corner
 - d) Continue with a picture of the right wall taken from the middle of the left wall
 - e) Continue with a picture of the right rear wall taken from the front left corner
 - f) Continue around the room in clockwise direction (see diagram below).



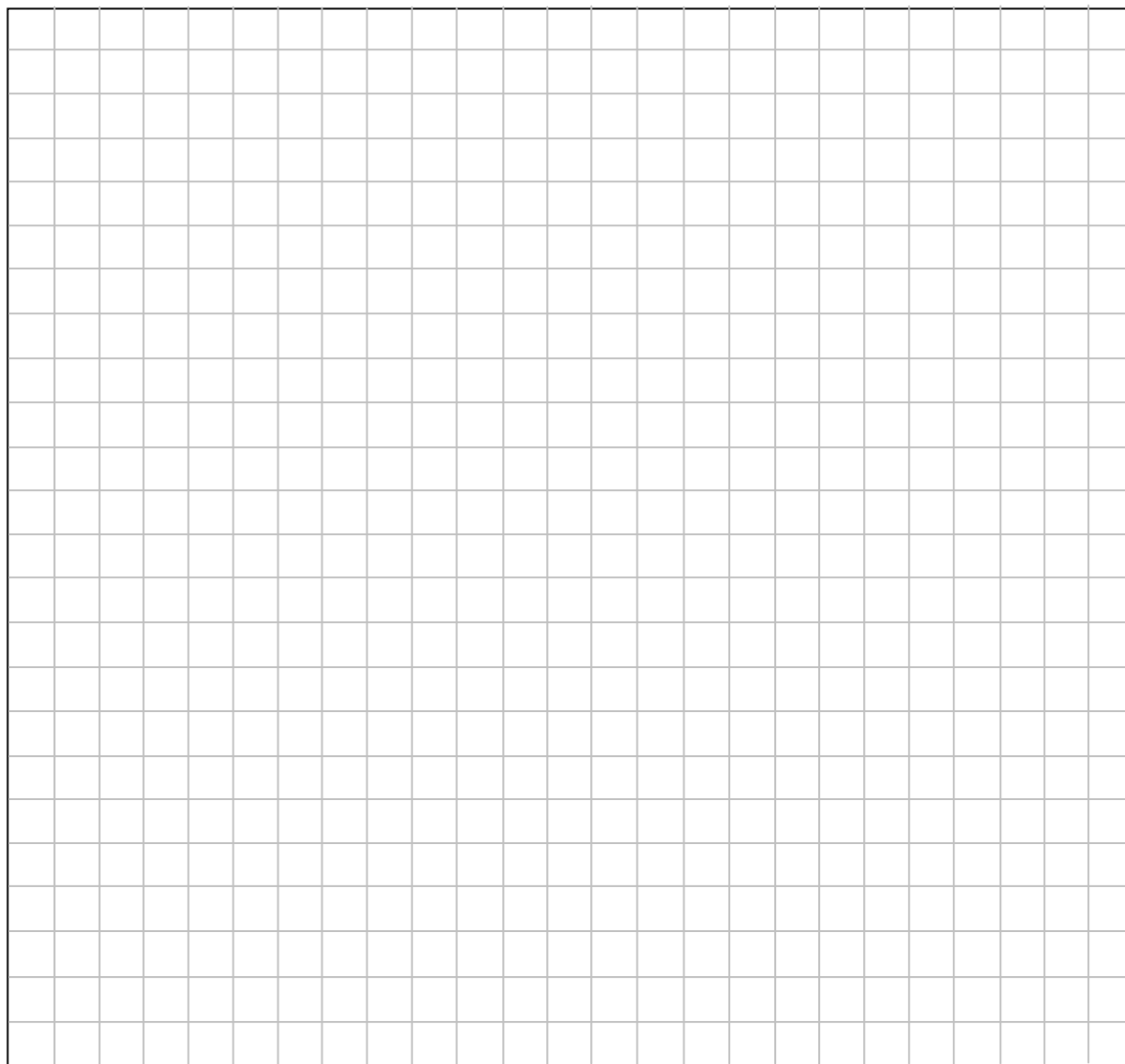
2. If possible set the camera orientation on its side to get more of the ceiling and floor
3. Views of the ceiling:
Take enough pictures of the ceiling area to fully document it, going around the room in clockwise direction
4. Views of other elements in the room
Document any plumbing, ventilation, motors or other services
5. Views of Audio/Video equipment:
Document any of the Audio/Video equipment already in the room

• **Documentation - Plans**

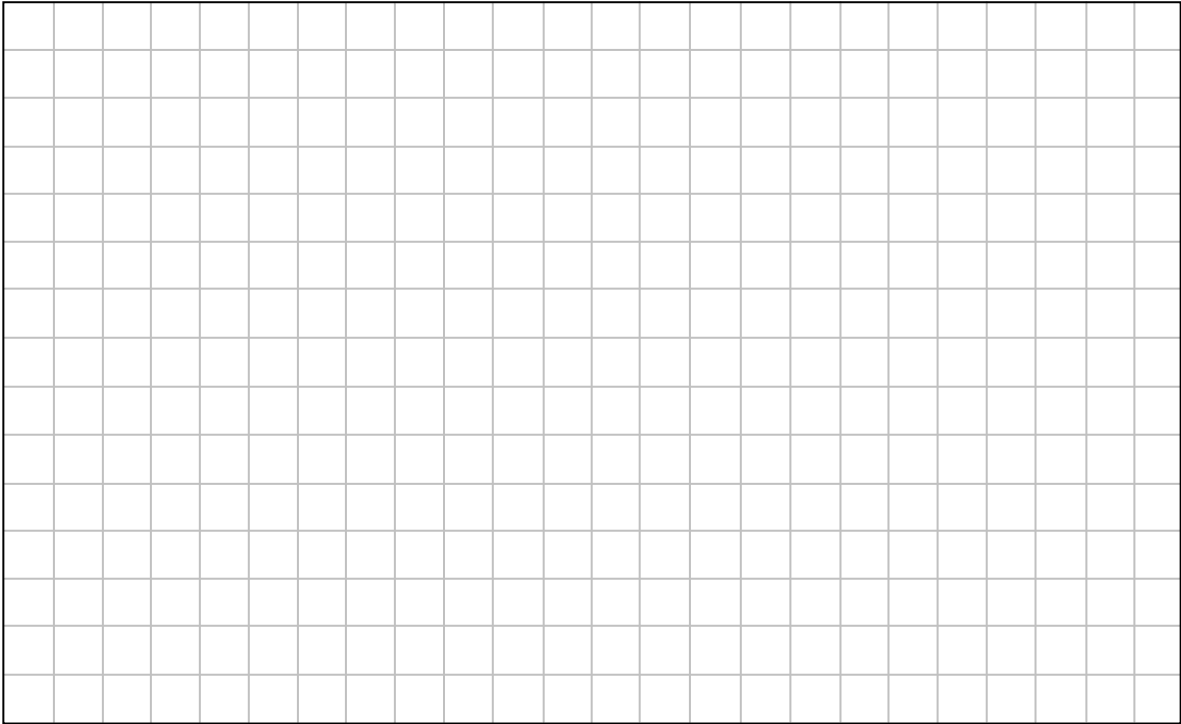
Please supply the following drawings if available:

- 6. Floor plan of room
- 7. Elevation of 4 walls
- 8. Detail of ceiling
- 9. Detail of all wall construction
- 10. All mechanical drawings, including HVAC plans

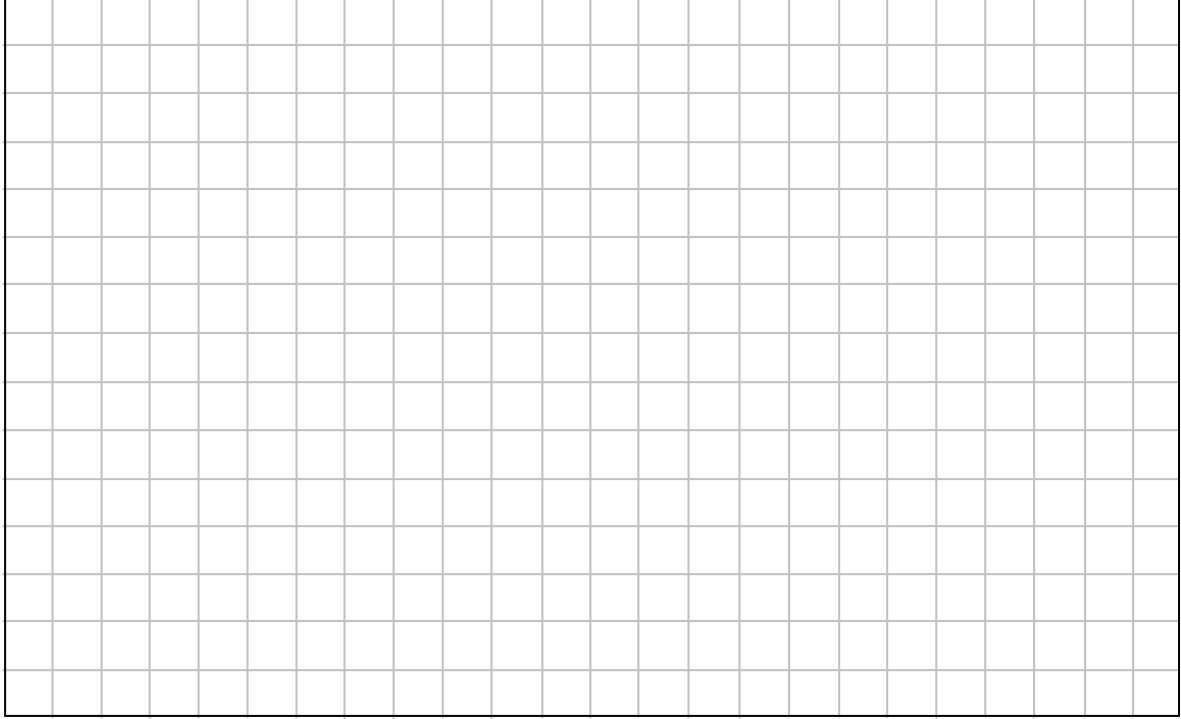
Plan View Sketch of Room



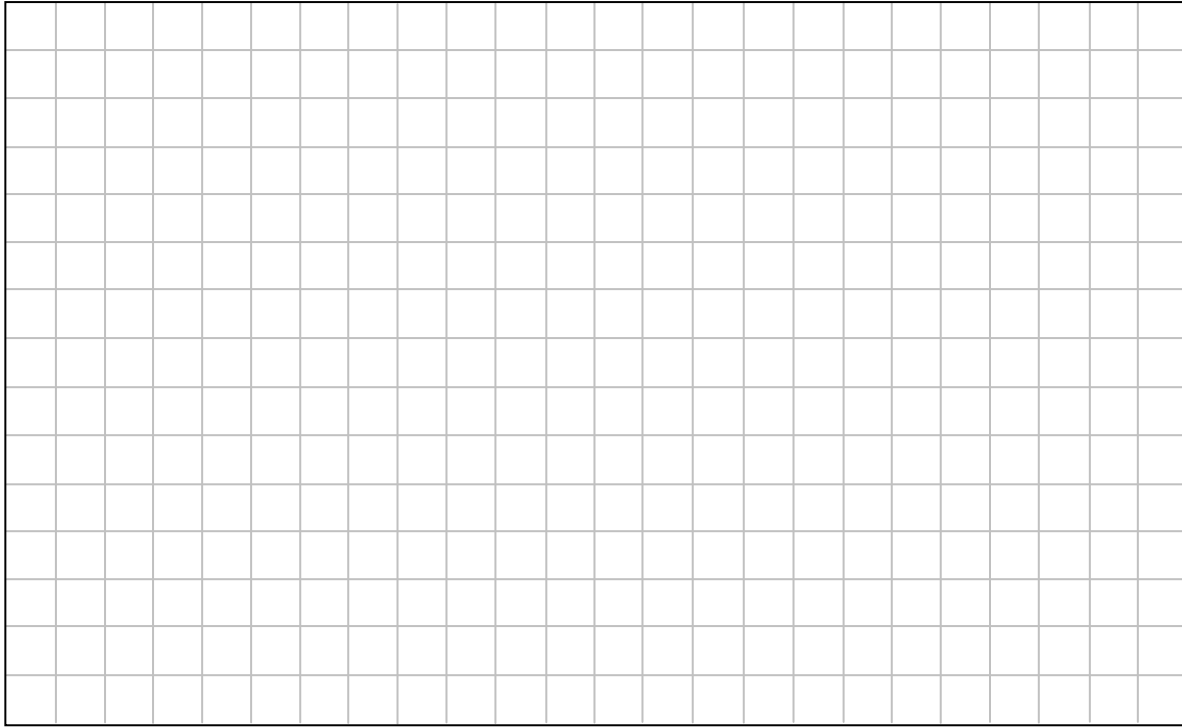
Elevation 1



Elevation 2



Elevation 3



Elevation 4

