

## **ROOM DESIGN CONSULTING QUESTIONNAIRE**

Please complete all applicable sections and return to PMI via e-mail, fax or mail.

Address: Billing Contact and Address: (Check if Same as Client I) Phone: Builder Name: Interior Designer Name: Interior Designer Name: Room Owner's Name: Room Status: Existing Remodel New Dimensions: Intended number of seats: Intended number of seats: Intended number of seats: Style of Seating (i.e. sofa, theatre seating): Room Room Phone: Room Phone: Phone	Project Name:	Date:
Name: Phone:	• Audio and Video Equipment Dealer/	Installer:
Address:  E-mail:  Billing Contact and Address: (Check if Same as Client i)  Phone/Fax:  Architect Name:  Builder Name:  Interior Designer Name:  Nome:  Room Name (theater, den, etc):  Address:  Room Status:  Existing  Remodel  New Dimensions:  Intended number of seats:  Style of Seating (i.e. sofa, theatre seating):	Client Information:	
E-mail: Fax:	Name:	Phone:
Billing Contact and Address: (Check if Same as Client i)	Address:	
Phone/Fax:  Architect Name: Architect Phone:  Builder Name: Builder Phone:  Interior Designer Name: Interior Designer Phone:  Room Owner's Name: Room Name (theater, den, etc):  Address: Room Status: ExistingRemodelNew Dimensions: Please include plan. Uses (theater, family room, music space, etc.):  Intended number of seats: Style of Seating (i.e. sofa, theatre seating):	E-mail:	Fax:
Architect Name: Architect Phone: Builder Name: Builder Phone: Interior Designer Name: Interior Designer Phone: Phone: Room Name (theater, den, etc): Address: Room Name (theater, den, etc): Please include plane Uses (theater, family room, music space, etc.): Intended number of seats: Style of Seating (i.e. sofa, theatre seating):	Billing Contact and Address: (Check if	Same as Client †)
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Interior Designer Name: Interior Designer Phone:  Room Owner's Name: Room Name (theater, den, etc):  Address: Room Status: Please include plane Uses (theater, family room, music space, etc.):  Intended number of seats: Style of Seating (i.e. sofa, theatre seating):	Architect Name:	Architect Phone:
Owner's Name: Room Name (theater, den, etc): Address: Please include plans  Room Status: ExistingRemodelNew _ Dimensions: Please include plans  Uses (theater, family room, music space, etc.): Intended number of seats: Style of Seating (i.e. sofa, theatre seating):	Builder Name:	Builder Phone:
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Address:	Room	
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		rie of Geating (i.e. sola, theatre seating).
Budgets and Schedules	<ul><li>Budgets and Schedules</li></ul>	
Construction Budget: Equipment Budget:		Equipment Budget:
Expected completion date:		

• Plans and Pictures: Please send us any plans or pictures you may already have

# PMI

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### **Project Scope**

Please rank the important of the following issues. Circle your choice and add any notes or comments. If you don't know, do not circle a choice.

How important is this theater to you?

Comments:	Not important	Somewhat important	Very Important
How often do you intend to us	se the theater?		
Comments:	Rarely	Regularly	All the time
Soundproofing: Comments:	Not important	Somewhat important	Very Important
Acoustically accurate room: Comments:	Not important	Somewhat important	Very Important
Bass performance: Comments:	Not important	Somewhat important	Very Important
Dialog clarity: Comments:	Not important	Somewhat important	Very Important
Surround sound experience: Comments:	Not important	Somewhat important	Very Important
Screen size expectation: Comments:	Small	Standard	Huge
Do you need a plan set? Comments:	No	Need rough documentation	Construction Grade
Interior design work? Comments:	By others	I want PMI involved	PMI to design the roon
HVAC Noise Control: Comments:	Not important	Somewhat important	Very Important
Acoustic treatment paneling: Comments:	Not interested	Possibly, if needed	Must have
Automation / Control	Not important	Somewhat important	Very Important
	Not doing	I want PMI to design	Designed by others
Is there any specific Audio or	Video equipment yo	ou want to use?	
Yes	No	Open to Suggestions	
If so, what gear & commer <b>Notes:</b> Please add any		s here	



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