



ROOM DESIGN CONSULTING QUESTIONNAIRE

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

• **Project Name:** _____ **Date:** _____

• **Audio and Video Equipment Dealer/Installer:** _____

• **Client Information:**

Name: _____ Phone: _____

Address: _____

E-mail: _____ Fax: _____

Billing Contact and Address: (Check if Same as Client) _____

_____ 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: Existing Remodel New Dimensions: _____ *Please include plans*

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: _____

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



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?

Not important Somewhat important Very Important

Comments: _____

How often do you intend to use the theater?

Rarely Regularly All the time

Comments: _____

Soundproofing:

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: _____

Screen size expectation:

Small Standard Huge

Comments: _____

Do you need a plan set?

No Need rough documentation Construction Grade

Comments: _____

Interior design work?

By others I want PMI involved PMI to design the room

Comments: _____

HVAC Noise Control:

Not important Somewhat important Very Important

Comments: _____

Acoustic treatment paneling:

Not interested Possibly, if needed Must have

Comments: _____

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 you want to use?

Yes No Open to Suggestions

If so, what gear & comments: _____

Notes: Please add any comments or notes here

