

CUSTOMER: _____

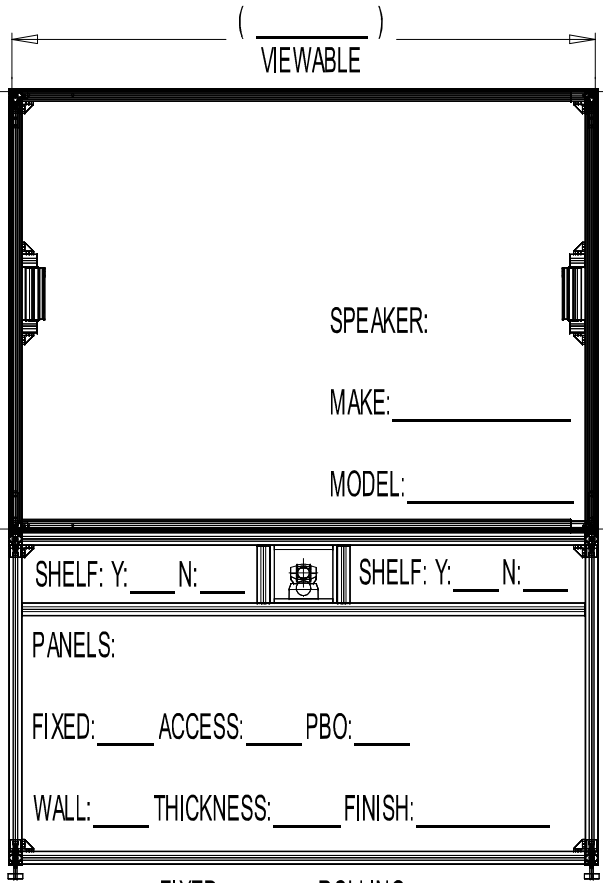
PROJECT: _____

PROJECTOR MAKE: _____ MODEL: _____

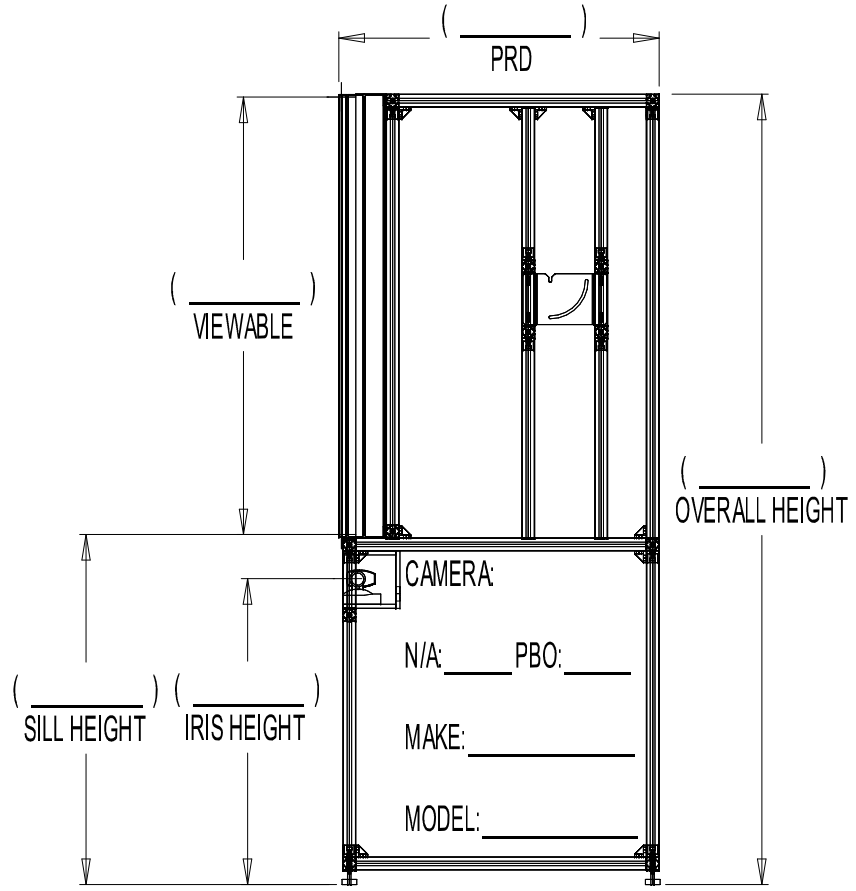
LENS: _____

4:3: _____

16:9: _____



ELEVATION (FRONT) VIEW



SECTION (SIDE) VIEW

SCREEN FRAME:
N/A: _____ OTHER: _____

- LOW PRO: _____ (RECOMMENDED <100 DIAG)
- FLASH-2 FRAME: _____ (RECOMMENDED FOR WALL OPENING)
- PIX FRAME: _____ (RECOMMENDED > 100 DIAG)

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 (714) 540-5220 Phone (714) 540-5221 Fax

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|------------|-------|------------|
| SALES REP: | DATE: | REQ. DATE: |
| NOTES: | | |
| | | |
| | | |