REQUEST FORM

Custom Rigid Rear Projection Screens



Contact Person*		Email Address*					
Company Name	*						
Phone Number		Fax Number			Dealer Account Number		
Project Name*						*Required Field	
ELECT TYP	E	SELECT OPTICAL	_ COATIN	IG (DA-PLE	EX™ AND DA-GLAS	™ ONLY)	
F SCREEN		☐ DA-50 WA		eo Vision	□ DA-130	□ DA-230	
Flex Plex		DA-50 WA			☐ DA-130	Front Projection	
] Da-Plex™		☐ DA-100 WA		-100 -100 HC	☐ DA-180	E Hont Flojection	
Da-Glas™		□ DA-100 WA		100110	□ DA-100		
		/		VIEWING	AREA SIZE		
ELECT FRAME STYLE (FRAMES ARE NOT				Inches			
Base Frame		Self-Trimming Frame		ММ	Height	Width	
Standard Fram	ie	☐ No Frame Required		IS THE SO	CREEN DISC SHAP	PED? Yes No	
Deluxe Frame				If yes, spec	sify diameter:		
S THE SCRE	EN CYLINI	DRICAL? Yes N	lo				
yes, will the p	anel be fram	ed to hold the shape or is	s a frame r	equired?			
Framed		Frame Required					
Specify: Must provide It least two)	Radius (R)	Chord Leng	th (C)				
				\neg //			
	Degrees (Ø)	Depth (D)		A < D→			
	Arc Length (A))			¥ /	/	



Projector Make Projector Model Number of Projectors Lens Options	S IS TO BE USED WITH MUI OWING INFORMATION:	LTIPLE PROJECTORS OR F	FOR EDGE BLENDING APP	PLICATIONS, PLEA	SE INCLUDE THE		
Number of Projectors Lens Options IS A REAR PROJECTION MODULE REQUIRED FOR THIS PROJECTION SCREEN? YES NO IF YES, PLEASE COMPLETE THE INFORMATION BELOW: Projector Make Projector Model Angle of Projection Axis Special Considerations (custom lens, etc.) The normal assumes the centermost light ray will pass through the screen perpendicular to screen center. Any variation above or below a zero degree entrance angle should be indicated. Height from the bottom of screen viewing area to the floor Height of the projection room Depth of the projection room Width of the projection room							
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to the floor placed Height of the projection room Depth of the projection room Width of the projection room							
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					Thickness of the wall in which the screen is placed		
Distance to first row Distance to back row Number of risers Riser Height	of the projection room	Depth of the pro	jection room	Width of the pr	Width of the projection room		
Distance to first row Distance to back row Number of risers Riser Height							
	ce to first row	Distance to back row	Number of risers	R	iser Height		
SUBMIT FOI					SUBMIT FORM		
Ouantity Required Required Installation Date	ty Required	Required Installation Date			Clicking the Submit Form		
Describe the environment (i.e. conference center, home theater, educational center, house of worship, live events) and note any outstanding or remarkable environmental constraints (such as ceiling height, extreme ambient light) as well as any additional important information. button will automatic open a new email me and attach the compl form. If you prefer to a the form and attach it manually, please send	nip, live events) and note a	ny outstanding or remark	kable environmental cons	straints (such	button will automatically open a new email message and attach the completed form. If you prefer to save the form and attach it manually, please send to av.da-lite.design.center@		

Thank you for giving us the opportunity to design your custom Da-Lite Screen. E-mail any applicable drawings or construction documents to av.da-lite.design.center@legrand.com

<u>iegrand.com</u>

