

Room Acoustics - Consultation Form

We ask that you complete this form so that we may help you in an expeditious and accurate manner. Include a floor plan of your room, or sketch one out on the grid paper provided on the back of this form. After you have faxed your form(s) to us, please call us at 1-800-ASC-TUBE to set up an appointment. (Please use a black pen)

Date: ____/____/____

Your Name: _____

Address: _____

City: _____ ST ____ Zip _____

E-mail _____ @ _____

Daytime Phone: (____) _____ - _____ Fax: (____) _____ - _____

Project Type: (Check all that apply)

- New Construction New Space / Remodel Existing Space

Acoustic Budget Range (Check one)

- Less than \$1000 \$1000 - \$2500
 \$2500 - \$5000 \$5000 - \$10,000
 \$10,000 - \$50,000 \$50,000 +

Your Timeline for completion of Acoustics phase:

- Next 30 days 30 - 60 days 2-6 months +6 mo

You Are A: (Check all that apply)

- Professional Recording Engineer/Producer Professional Musician (Instrument: _____) Semi-Pro/Hobbyist Musician
 Vocalist/ Voiceover Talent Audiophile Listener Home Theater Designer/Consultant Home Owner Facilities Manager
 Other: _____

Type of Room (Check all that apply)

- Mastering Suite Audiophile Listening Room Performance Hall Bandroom Other: _____
 Control Room Home Theater Auditorium / Theater Music Lesson Room
 Live Room Corporate Media Room A/V Production Church Sanctuary
 Vocal Booth Broadcasting Facility Post Production Church Fellowship Hall

Primary Styles of Music/Production (Check all that apply.)

- Pop/Rock Blues Jazz Country Classical Chamber Orchestral Acoustic Instrumentation Small Vocal
 Large Choral MIDI/Electronic HipHop / Dance Alternative/Hard Rock NewAge / Ambient Other: _____

Room Dimensions (inches or feet - please indicate. Include a drawing or floor plan of your room on back side of this form)

Length: _____ Width: _____ Height: _____

Surface Types (Please use back of sheet if more detail is required.)

- Walls:** Drywall/Gypsum Board Plaster Wood Paneling Poured Concrete Cinder Block Brick
 Other: _____
Ceiling: Drywall/Gypsum Board Drop Tile Ceiling ("T" bar, "grid", etc.) Concrete Wood Paneling Metal Deck/Trusses
 Other: _____
Floor: Carpet Hardwood Tile Vinyl Flooring Concrete Unfinished Sub-Floor
 Other: _____

Observed or Measured Acoustical Problem(s) (Check all that apply.)

- Excessive Reverberation ("too live", "echoey", etc.) Bass Build-Up ("boomy", "muddy") Excess Mid-range ("honky" / "hollow")
 Room Mode Issues ("suck-outs" & "peaks") Flutter Echo ("slap echo" / "zinging") Poor Sonic Imaging / Soundstaging
 High Noise Floor / Lack of Resolution Unwanted External Noise Intrusion Sound Leakage to other Areas
 Other: _____

Speakers / Reference Monitors (if applicable)

Manufacturer: _____ Model: _____

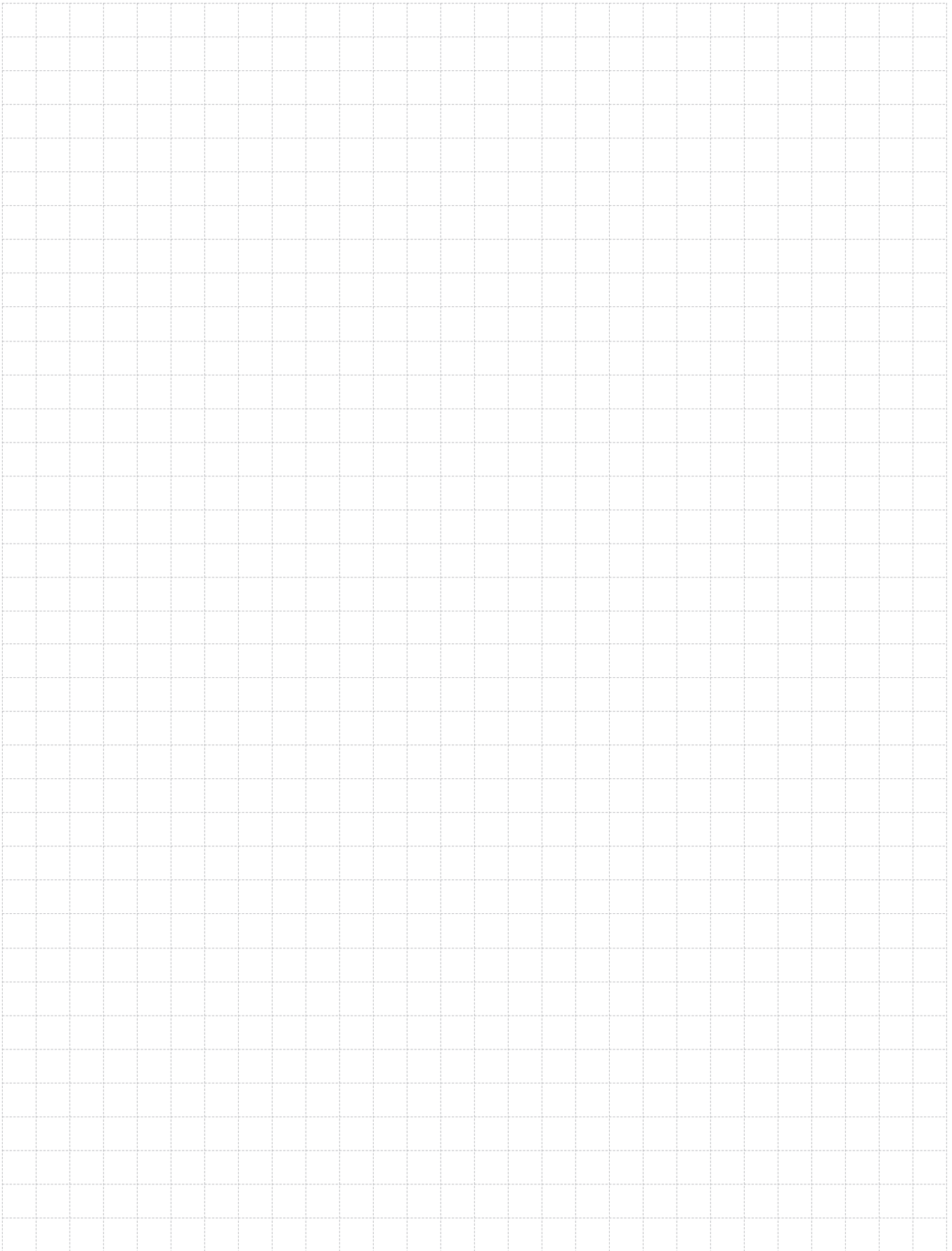
Recording Platform (if applicable)

(e.g., ADAT, Hard Disk, etc.) _____

Anything else you can tell us about your situation

Fax to ASC at 1-541-343-9245

(Use the reverse side of this form to sketch out the layout of your room)



Fax to: 1-541-343-9245

Mail to: Acoustic Sciences Corp. Attn: Design Proposal, PO Box 1189, Eugene, OR 97440