

PLEASE PRINT CLEARLY AND USE ONE (1) SHEET PER ROOM. Use black pen or dark pencil.

• Fax: 317-842-2760 • Mail To: 6853 Hillside Court, Indianapolis IN 46250 -or- • Email to: appsupport@auralex.com

Your Info

Your Name: _____ E-mail _____@_____
 Phone: (____) _____ - _____ Fax: (____) _____ - _____ Zip Code: _____ - _____

Dealer Info

Do you have a American Musical Supply Sales person you usually work with? _____

Budget (Check one.)

- \$500 - \$1,000*
- \$1,000 - \$2,000
- \$2,000 - \$3,000
- other: \$ _____

You Are A(n) (Check all that apply.)

- Engineer/Producer
- Vocalist
- Church/Worship
- Musician (Instrument: _____)
- Voice-over Talent
- Other: _____
- Audiophile

**Room acoustics only*

Type of Room (Check all that apply.)

- Project Studio
- Live Room
- Mastering
- Vocal Booth
- Rehearsal Space
- Video Edit/Production
- Control Room
- Broadcast
- Audiophile/Listening
- Office Space
- Teaching Studio _____
- Other: _____

NOTE: For large rooms like gyms, sanctuaries and night clubs, please use our **Large Room Analysis Form** which can be found at www.Auralex.com/pcf

Do You? (Please check one) Rent Own

Music Style/Production (Check all that apply.)

- Pop/Rock/Blues
- MIDI/Electronic
- Other: _____
- Jazz
- Voice-over
- Country
- Acoustic
- Classical
- Contemporary Christian/Praise Worship
- Hip-Hop/Urban
- Dance/Techno
- Alternative/Hard Rock

Room Dimensions (please indicate dimensions, e.g., "ft," "in," "mm" or "cm")

Length: Width: Height: (Note: If your room is non-rectangular, please use the back of this sheet to sketch)

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

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

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

Room Acoustics

- Flutter Echo ("slapback")
- Bass Build-up ("boomy") and/or Cancellation ("no bass")
- Room "Ring"
- Excessive Reverberation
- Mixes don't translate
- Other: _____

Sound Isolation

- Disturbing Roommates/Family/Neighbors
- Unwanted External Sounds/Noise
- HVAC Noise
- Room to room sound leakage within a studio
- Other: _____

Speaker Info: Stereo 2.1 5.1 Other: _____

Manufacturer: _____ Model: _____

Additional Info: _____

Do you have access to?*

- Digital Photos
- CAD/Architectural drawings

Existing Treatment (if any)- Please provide product description and quantity.

No Yes, Describe: _____

**An Auralex Application Specialist will contact you for more information.*

Anything else you can tell us about your situation (including preferred treatments, e.g., Pyramids or Metro™, etc.) _____

