

PHOENIX AV SOLUTIONS – GENERAL ENQUIRY FORM

Establishment:	Contact Name:
	Contact Tel:

Date _____

I AM INTERESTED IN THE FOLLOWING

- | | |
|--|--|
| <input type="checkbox"/> Interactive Whiteboards | <input type="checkbox"/> Digital Signage Systems |
| <input type="checkbox"/> Projection Systems | <input type="checkbox"/> Interactive TouchScreen / LCD Systems |
| <input type="checkbox"/> Video Conferencing | <input type="checkbox"/> Response / Voting Systems |
| <input type="checkbox"/> Room Scheduling / Booking Systems | <input type="checkbox"/> Other _____ |

TRAINING REQUIRED *please tick required course*

- | | |
|---|---|
| <input type="checkbox"/> Half Day (Basic Module) | <input type="checkbox"/> Day (2 x Basic Module) |
| <input type="checkbox"/> Half Day (Advanced Module) | <input type="checkbox"/> Day (Basic & Advanced Modules) |

INSTALLATION REQUIRED

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Full Installation (Board and Projector) | No of rooms _____ |
| <input type="checkbox"/> Other equipment / project | |
| <input type="checkbox"/> Education / School | <input type="checkbox"/> Business |

INFORMATION REQUIRED

- Please contact me to discuss my requirements Tel: _____
- I would like you to visit me to review my requirements / site survey

ADDITIONAL COMMENTS

Signed _____ Name _____ Date _____