

DESIGN REQUEST SURVEY

Solpoints, L.L.C.
FAX 413-599-0477



Client Information

JOB #:

CLIENT NAME:	<input type="text"/>	PHONE #:	<input type="text"/>
ADDRESS:	<input type="text"/>	FAX # :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>	OTHER #	<input type="text"/>
	WEBSITE ADDRESS:		

Product Information

Description (any special requirements for displaying product, Please Attach Product Info or web link)

PRODUCT TYPE
PROD. LINES
PRODUCTS
SIZE OF PRODUCT
SIZE RANGE

<input type="text"/>

Booth Information

Budget Range:

YES NO Description (Type of Exhibit space: in-line, peninsula, island. Need any size restrictions or customer needs)

RENTAL
CUSTOM
BOTH
USE OF EXISTING
BREAKDOWNS

YES	NO	Description
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Booth Requirements

YES AMT Description (Please be as specific as possible)

TOWER
DEMO STATIONS
PROD. DISPLAY
RECEPTION
CONF. AREA
THEATER
STORAGE
LIGHTING
A/V
LITERATURE
EQUIPMENT
FLOORING

YES	AMT	Description
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Graphic Requirements

YES AMT Description

3D SIGNS
HANGING SIGNS
LIGHT BOXES
ROTATING SIGNS
HEADERS
TAGLINE
PRODUCT
PROJECTION
OTHER

YES	AMT	Description
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Design Requirements

TYPE OF DESIGN YES Description (Need Timeline and Deadline and Type of Finished drawing needed: Marker Sketch, Computer Rendering,CAD)

ROUGH CONCEPT
FINISHED CONCEPT
CONSTRUCTION
SETUP
OTHER

TYPE OF DESIGN	YES	Description
ROUGH CONCEPT	<input type="checkbox"/>	
FINISHED CONCEPT	<input type="checkbox"/>	
CONSTRUCTION	<input type="checkbox"/>	
SETUP	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	

Design Direction

STYLE OF BOOTH Description (List Competitors, describe company brand look, any style considerations)

<input type="text"/>

Additional Information (Attach if need more space)

Please email to solpoints@solpoints.com or fax to 413-599-0477

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