

Contact Name: _____ Date: _____
 Company Name: _____
 Address: _____
 Phone: _____ Email: _____

Snowsound Product Options (Please Select All Products that You are Interested In):

Snowsound Technology Panels

Baffle	Flap / Flap Grande	Oversize Desk
Baffle Oversize	Flap Wings	Pli
Blade	Flat	Pli Over
Botanica	Giotto	Pli Oversize
Corista	In	Snowfix
Corner	Minimal	Snowfront
Flap Chain	Mitesco	Tra Light
Flap Chandelier	Oversize	

Snowsound Fiber Products

Bemolle
 Clasp Divider
 Clasp Wall
 Clasp Ceiling
 Diosis
 Sepa / Sepa Rolls
 Si Sboccia

Snowsound Fiber Acoustic Textiles

Fiber 1 Color
 Fiber 2 Line
 Fiber 2R - Line R
 Fiber 3 Melange
 Fiber 6 Velvet
 Fiber 8 Bouclé

Room / Space Information (Please Provide All Information that You Have Available):

Room Dimensions

Length: _____ Ft. _____ In.
 Width: _____ Ft. _____ In.
 Height: _____ Ft. _____ In.

Room Type / Usage (Select One)

Cafeteria Conference Room Office Space
 Call Center Meeting Room Restaurant
 Classroom Other: _____

**Estimated Average
Number of Occupants
in Room**

Wall Material(s)

Acoustic Insulation _____ SqFt
 Bricks _____ SqFt
 Concrete _____ SqFt
 Glass _____ SqFt
 Marble _____ SqFt
 Melamine / Laminate _____ SqFt
 Plasterboard _____ SqFt
 Tiles _____ SqFt
 Wood _____ SqFt

Ceiling Material(s)

Acoustic Tiles _____ SqFt
 Concrete _____ SqFt
 Metal _____ SqFt
 Plasterboard _____ SqFt
 Wood _____ SqFt

Flooring Material(s)

Concrete _____ SqFt
 Linoleum _____ SqFt
 Marble _____ SqFt
 Melamine / Laminate _____ SqFt
 Medium-Hair Fitted Carpet on Foam _____ SqFt
 Short-Hair Fitted Carpet on Foam _____ SqFt
 Rubber Tiles _____ SqFt
 Tiles _____ SqFt
 Wood _____ SqFt

Additional Information / Notes (Optional):

Please send this completed form, along with any useful images of the room/space, by email to your Snovsound USA representative and/or info@snovsoundusa.com

