

KEY DIGITAL – “SYSTEM DESIGN GROUP” QUESTIONNAIRE

- **Your contact information:**

- Name:
 - Company Name:
 - Telephone Number:
 - Cell Number:
 - Email Address:
 - Have you purchased Key Digital Product in the past? Yes___ / No___
 - If so, where do you purchase Key Digital products?
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- **Are you an authorized reseller of Audio/Video Equipment? Yes___ / No___**

- **Is this a Residential, Commercial, Educational or Governmental facility?**

- **Please describe the installation and your timeline for completion:**

- **When do you anticipate the system will be purchased?**

- **Will this system require Video, Audio or Both?**

- Both Video and Audio _____
- Video only _____
- Audio Only _____

- **Full Matrix or Non-Matrix Switching:**

- Matrix _____
- Non-Matrix _____

- **Please list number of sources, quantities and output signal type :**

1 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
2 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
3 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
4 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
5 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
6 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
7 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
8 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
9 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____
10 _____	Qty _____	Video Signal Type _____	Audio Signal Type _____

- Are any sources located away from the equipment rack? If so, please explain:
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- What is the desired Video format and resolution? (check all that apply)

- Composite _____ 480i/p _____
- Component _____ 720p _____
- RGBHV/VGA _____ 1080i _____
- HDMI* _____ 1080p _____
- Other: _____ Other: _____

*Not all matrix solutions are possible.

- How many and what types of displays will be used?

- LCD _____
- Plasma _____
- Projector _____
- Other: _____

- How many zones are planned for the system? For design purposes, please provide names of zones /displays, as well as number of displays per zone if multiples.

- Zone 1 _____ Zone 6 _____
- Zone 2 _____ Zone 7 _____
- Zone 3 _____ Zone 8 _____
- Zone 4 _____ Zone 9 _____
- Zone 5 _____ Other: _____

- Will you distribute Video and Audio via conventional cabling or CAT5?

- ___ Conventional Cabling (Type) _____
- ___ CAT5---→Maximum Distance: _____
- ___ Both----→Explain: _____

- What type of control system is desired and from what manufacturer?

- IR _____
- RS-232 _____
- TCP/IP _____
- Bi-Directional?: Yes___ / No___
- Manufacturer(s): _____

- Please add any additional notes or comments:

- Submit all SDG requests to sdg@keydigital.com or fax to 914-668-8666
- Turnaround for most SDG's will be 48 business hours after receipt of this form.