

Checklist

Light Box/Wall application

Contact data		Date:
Name of contact person		
Company/Department		
Country		
E-mail		
Phone		
Inventronics sales partner		
Light ceiling/wall details		
Type of application	<input type="checkbox"/> Light ceiling	<input type="checkbox"/> Light wall
Type of lighting (lux level)	<input type="checkbox"/> Direct backlighting	<input type="checkbox"/> Side lighting
	<input type="checkbox"/> Decorative (low illuminance)	<input type="checkbox"/> General lighting (high illuminance)
Required illuminance (lux level)	On the floor:	
	On the reference surface:	
	On the wall:	
Desired color/color temperature	<input type="checkbox"/> 3000K	<input type="checkbox"/> RGBW
	<input type="checkbox"/> 4000K	<input type="checkbox"/> Tunable white
	<input type="checkbox"/> 6500K	
Dimming solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Light management system		
Light ceiling/wall dimensions	Length:	
	Width:	
	Height:	
Mounting height of the light ceiling		
Please attach a sketch or drawing of the light ceiling/wall if it is not rectangular or circular!		
Type of light-emitting surface material	Light transmittance [%]:	
Manufacturer		
Product name	Thickness	
Maintenance factor	If yes, please specify:	
Room details		
Room dimensions	Length:	
	Width:	
	Height:	
Type of material (e.g. concrete, wood, wallpaper, plaster, stone, carpet)	Walls:	
	Floor:	
	Ceiling (except light ceiling):	
Please attach a sketch or drawing of the room!		
Notes		

Sketch/Drawing

Please feel free to send us further documents as attachments.