

# Whispr Configurator

Please complete one sheet for each Whispr type required and email to us at [info@tempest.biz](mailto:info@tempest.biz)

Name	
Company	
Email	
Phone	
Project Name & Location	
Projector type	
Whispr Model	53. _____
Quantity	
Destination Country	
Install Date	
Type	Landscape <input type="checkbox"/> Portrait <input type="checkbox"/> Ultra Short Throw <input type="checkbox"/>
Projector Mount	Slide <input type="checkbox"/> Fixed <input type="checkbox"/>
Projector Mount	Feet Down <input type="checkbox"/> Feet Up <input type="checkbox"/>
<b>Options &amp; Accessories</b>	
Unistrut Kit	Yes, Qty _____ No <input type="checkbox"/>
Whispr Gripple Hanging Kit	Yes, Qty _____ No <input type="checkbox"/>
XYZ Kit, Horizontal	Yes, Qty _____ No <input type="checkbox"/>
XYZ Kit, Vertical	Yes, Qty _____ No <input type="checkbox"/>
Replacement Filter	Yes, Qty _____ No <input type="checkbox"/>

Color	Standard, RAL 9003 White semi-gloss <input type="checkbox"/>
	Custom, RAL # _____
	Gloss Level _____%

Custom Requests:

