


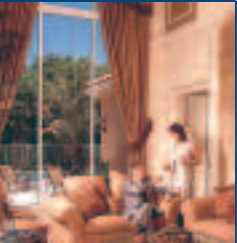











Section 1. What you want to hear :			
Input 1	Input 2	Input 3	Input 4
Source: AM/FM Tuner (Built-in) Brand: Niles Description: Niles MultiZone Receiver 	Source: _____ Brand: _____ Model: _____ Description: _____ _____ _____	Source: _____ Brand: _____ Model: _____ Description: _____ _____ _____	Source: _____ Brand: _____ Model: _____ Description: _____ _____ _____

Section 2. Where you want to hear it*					
Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
					
Room(s)*: _____ _____	Room(s)*: _____ _____	Room(s)*: _____ _____	Room(s)*: _____ _____	Room(s)*: _____ _____	Room(s)*: _____ _____
Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____
# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____
Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock
Desired Room Controls (Check all that apply, one per room required)	Desired Room Controls (Check all that apply, one per room required)	Desired Room Controls (Check all that apply, one per room required)	Desired Room Controls ((Check all that apply, one per room required)	Desired Room Controls (Check all that apply, one per room required)	Desired Room Controls (Check all that apply, one per room required)
Main Controls <input type="checkbox"/> TS1 <input type="checkbox"/> Solo® <input type="checkbox"/> Solo® IR	Main Controls <input type="checkbox"/> TS1 <input type="checkbox"/> Solo® <input type="checkbox"/> Solo® IR	Main Controls <input type="checkbox"/> TS1 <input type="checkbox"/> Solo® <input type="checkbox"/> Solo® IR	Main Controls <input type="checkbox"/> TS1 <input type="checkbox"/> Solo® <input type="checkbox"/> Solo® IR	Main Controls <input type="checkbox"/> TS1 <input type="checkbox"/> Solo® <input type="checkbox"/> Solo® IR	Main Controls <input type="checkbox"/> TS1 <input type="checkbox"/> Solo® <input type="checkbox"/> Solo® IR
Accessories (Indicate number) ___ Numeric ___ Remote Control	Accessories (Indicate number) ___ Numeric ___ Remote Control	Accessories (Indicate number) ___ Numeric ___ Remote Control	Accessories (Indicate number) ___ Numeric ___ Remote Control	Accessories (Indicate number) ___ Numeric ___ Remote Control	Accessories (Indicate number) ___ Numeric ___ Remote Control

*if a zone will consist of multiple rooms, use "Section 3: Subzone Attachment"

Section 3. Subzone Attachment (for expanding 1 zone into multiple areas or rooms):					
Room 1	Room 2	Room 3	Room 4	Room 5	Room 6
					
Room(s): _____ _____	Room(s): _____ _____	Room(s): _____ _____	Room(s): _____ _____	Room(s): _____ _____	Room(s): _____ _____
Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____	Dimensions: _____ _____
# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____	# of Speakers: _____ _____
Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock _____	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock _____	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock _____	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock _____	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock _____	Kind of Speakers: <input type="checkbox"/> In-wall <input type="checkbox"/> In-ceiling <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Rock _____
Desired Room Controls (Fill in all that apply) ___ TS1 ___ Solo® Keypad ___ Solo® IR ___ # of Remote Controls ___ Volume Control	Desired Room Controls (Fill in all that apply) ___ TS1 ___ Solo® Keypad ___ Solo® IR ___ # of Remote Controls ___ Volume Control	Desired Room Controls (Fill in all that apply) ___ TS1 ___ Solo® Keypad ___ Solo® IR ___ # of Remote Controls ___ Volume Control	Desired Room Controls (Fill in all that apply) ___ TS1 ___ Solo® Keypad ___ Solo® IR ___ # of Remote Controls ___ Volume Control	Desired Room Controls (Fill in all that apply) ___ TS1 ___ Solo® Keypad ___ Solo® IR ___ # of Remote Controls ___ Volume Control	Desired Room Controls (Fill in all that apply) ___ TS1 ___ Solo® Keypad ___ Solo® IR ___ # of Remote Controls ___ Volume Control