

MacGILL[®]

SCHOOL NURSE SUPPLIES

MacGill
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CUBICLE CURTAIN QUESTIONNAIRE

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

1. What is the **CEILING HEIGHT**? _____

2. Do you require **TRACK**? _____ Yes _____ No

a. If Yes, what are the **TRACK DIMENSIONS**? _____

b. If No, what is the existing **TRACK MEASUREMENT**? _____

c. Does the **TRACK** layout **INTERFERE** with any Light Fixtures, A/C Ducts, Sprinkler Heads, etc.?
_____ Yes _____ No

*If yes, include Fixture(s) in Diagram for accurate pricing.

3. How will the **TRACK** be **MOUNTED**?

a. Direct to the Ceiling

b. Suspended down from the Ceiling

i. How far from the Ceiling would you like the Track to begin? _____

c. Wall

d. Other _____

4. **CEILING (or Wall) SURFACE**

(1) Drop / Suspended Ceiling

(4) Plaster

(2) Ceiling Tile

(5) Brick

(3) Sheetrock

(6) Cement

Other _____

5. **FABRIC SELECTION**

a. PATTERN: _____

b. COLOR: _____

6. **DIAGRAM EXAMPLE: USING TRACK DIMENSIONS**

(2) Curtains on Track: (1) 5 feet x 7 feet; (1) 5 feet x 8 feet

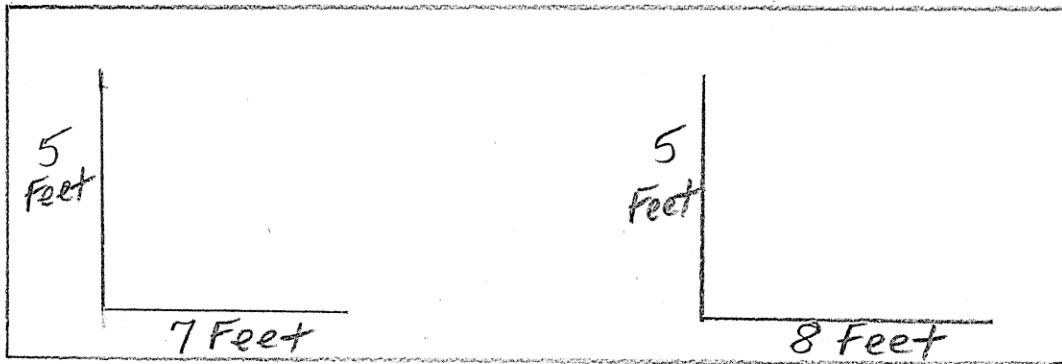


DIAGRAM FOR QUOTE: USE TRACK DIMENSIONS