



A Division of Projection Technologies Corporation

ORDER WORKSHEET

Order Date: _____ Show Name: _____

Artwork Name: _____ Qty: _____ Type: ___ B&W/1-Color ___ Full Color

Fixture Type: _____ Manufacturer: _____

Front or Rear Projection? _____ Rotating Gobo? Yes ___ No ___ Gobo Size: _____

Gobo Rotator Being Used? Yes ___ No ___ Rotator Type: _____

Special Instructions/Comments: _____

Artwork Name: _____ Qty: _____ Type: ___ B&W/1-Color ___ Full Color

Fixture Type: _____ Manufacturer: _____

Front or Rear Projection? _____ Rotating Gobo? Yes ___ No ___ Gobo Size: _____

Gobo Rotator Being Used? Yes ___ No ___ Rotator Type: _____

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