



Smartbox TV System Survey

Property Name: _____

Street Address: _____

City: _____ State: _____ ZipCode: _____

Primary Contact: _____ Title: _____

Contact Email : _____

Contact Phone: _____

Property Type

(Hospitality / Healthcare / Commercial Private/Public / Government / Other): _____

Number of Buildings on Site: _____ Number of Locations: _____

Most Important Channels: _____

Drop Count or Total Bed Count : _____

Current Video Services Provider: _____ Are you under a current agreement: _____

Is there video/cable distribution on site (yes / no): _____

If YES, does the property own the rights to the onsite distribution (yes / no): _____

Do you currently have set top boxes: (yes / no): _____

Are Local Network Affiliates available in your area(ie ABC, NBC, CBS, FOX, CW, PBS): _____

Are you interested in an "In House Channel" for your events and menus: _____

Bonus:

Would you be interested in a Resident friendly interactive service that works through their TV and allows for contact with family members outside of your facility (yes / no): _____

Would you be interested in a system that improves Cell Phone performance in environments that typically impede quality Cell Phone usage (yes / no): _____