

Planning form

Please note that all fields marked * are required fields and need to be filled in so the form can be processed.

Your address:

To

light-vision24 Ltd.

Hauptstrasse 22

D-08115 Lichtentanne

Company		
Name*, First Name*		
Street, No.*		
Postcode*	City*	Country*
Phone*		
Fax		
Email*		

Information about the room:

room number:	name :	
floor plan (if possible, with plan or sketch with electric recesses, sockets, furniture and additionally included pictures):		
<input type="checkbox"/> see enclosures <input type="checkbox"/> via email		
length:		<input type="checkbox"/> solid ceiling
width:		<input type="checkbox"/> suspended ceiling – depth of recessed installation
height:		
degree of reflection or colour of:	wall 1:	floor:
	wall 2:	
	wall 3:	ceiling:
	wall 4:	
favourite manufacturer/designer:		
favourite kind of luminaire:		

Notes:

After the planning I will receive a lighting suggestion via email.
 Light planning is a service free of charge, if I buy luminaires to the amount of 400 Euros for each room within 12 weeks.
 Otherwise, I will pay an allowance of 60 Euros for each room.

 Date, signature of buyer*