

## DIGITAL CINEMA READINESS FORM

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Request Date:	
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**Theatre Details**

Exhibitor/Cinema Owner:	
Multiplex/Theatre Name:	
Screen Name/Number:	
No. Seats:	
Address:	
City:	
Country:	
Multiplex/Theatre Telephone Number:	
E-Mail Address:	
Contact Person:	

**Installer**

Equipment Installed/Serviced by:	
Approx. Installation Date:	

**Projector**

Projector Make and Model:	
Projector Serial Number:	
Projector Software Version Number:	
Projector Resolution:	

**Server**

Server Make and Model:	
Server Ingest Capabilities (e.g., USB, Tape, etc.):	
Server Serial Number:	
Server Software Version Number:	
Server Telephone Line Number:	

**Media Block**

Media Block Serial No. (if different from server):	
Media Block Software Version Number:	

**Misc.**

JPEG 2000 Installed and Operating (Y/N):	
Watermarking Type (e.g., Philips or Thomson):	
Link Encryption Type (e.g., CineLink 2):	
Cinecanvas System Installed (Y/N):	
Digital Screens Networked Together (Y/N):	
3D (Y/N):	
3D Type (e.g., RealD, Nuvision, Dolby):	

V. 09/28/07