

THE NATIONAL CONSUMER SURVEY
SPRING EDITION

Attachment A

027CRCANN
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Dear Consumer,

Your experience and opinions are eagerly sought by manufacturers of some of the best known national brands. Today, more than ever, companies realize they must offer products and services that really meet your needs in terms of your lifestyle and preferences.

This survey has been commissioned to help companies understand exactly what consumers most want. They especially value your experience and insights about a number of popular issues and choices.

Your answers will play an important role in helping to decide which products are offered and where and how they are sold.

You will be included in a preferred group that is eligible to receive free samples, coupons and special offers for the products and services of greatest interest to you. And, if you return the survey you'll be eligible to win \$25,000 cash, a Ford Explorer XL FWD, or a European Vacation in our special sweepstakes.

Other prizes include a Macintosh Powerbook or Pentium Desktop Computer with CD ROM, a Toshiba 27" Color TV and a Toshiba VCR, or a Minolta Freedom 35mm Camera. Completion of the survey is not a requirement for sweepstakes entry.

If you reply by April 24, 2000 you will also be eligible to win a one-week vacation for two in Montego Bay, Jamaica.

Because of the limited number of households included in this survey, your answers are especially important. Please let us have your reply as early as possible.

Sincerely,

Lynne Harris

Lynne Harris
Research Project Coordinator

P.S. Thanks very much for your help -- and good luck in the sweepstakes!

THE NATIONAL CONSUMER SURVEY

S P R I N G E D I T I O N

I would like to participate in this important survey.

Information you provide may be shared with reputable organizations whose products or services may interest you. You will also be included in a preferred group that is eligible to receive free samples, coupons and other special offers. You must be 18 years of age or older.

PLEASE PRINT CLEARLY

YOU: 1 Male 2 Female
 A. Title: 1 Mr. 2 Mrs. 3 Miss 4 Ms.
 First Name _____
 Last _____

SPOUSE/ADULT 2: 1 Male 2 Female
 B. Title: 1 Mr. 2 Mrs. 3 Miss 4 Ms.
 First Name _____
 Last _____
 Address _____ Apt. M /
 City _____
 State _____ Zip _____

Today's Date: Month _____ Day _____ Year _____

Experian, based in Orange, California, is a leading provider of marketing information management solutions.

It is important to this study that you answer as many questions as possible. However, you may skip any question that you do not want to answer or that does not apply. You may answer questions for anyone in your household. Please answer by placing an in the appropriate box. Completion of the survey is not a requirement for sweepstakes entry.

PRODUCTS

1. In an average week I drink this many glasses or cans of soda:
 (Please all that apply)

	0	1-2	3-8	9-12	13+
Cherry Coke	01 <input type="checkbox"/>	21 <input type="checkbox"/>	41 <input type="checkbox"/>	61 <input type="checkbox"/>	81 <input type="checkbox"/>
Coca-Cola	02 <input type="checkbox"/>	22 <input type="checkbox"/>	42 <input type="checkbox"/>	62 <input type="checkbox"/>	82 <input type="checkbox"/>
Diet Coke	03 <input type="checkbox"/>	23 <input type="checkbox"/>	43 <input checked="" type="checkbox"/>	63 <input type="checkbox"/>	83 <input type="checkbox"/>
Diet Dr. Pepper	04 <input type="checkbox"/>	24 <input type="checkbox"/>	44 <input type="checkbox"/>	64 <input type="checkbox"/>	84 <input type="checkbox"/>
Diet Mtn. Dew	05 <input type="checkbox"/>	25 <input type="checkbox"/>	45 <input type="checkbox"/>	65 <input type="checkbox"/>	85 <input type="checkbox"/>
Diet Pepsi	06 <input type="checkbox"/>	26 <input type="checkbox"/>	46 <input type="checkbox"/>	66 <input type="checkbox"/>	86 <input type="checkbox"/>
Diet Rite	07 <input type="checkbox"/>	27 <input type="checkbox"/>	47 <input type="checkbox"/>	67 <input type="checkbox"/>	87 <input type="checkbox"/>
Mountain Dew	08 <input type="checkbox"/>	28 <input type="checkbox"/>	48 <input type="checkbox"/>	68 <input type="checkbox"/>	88 <input type="checkbox"/>
Pepsi	09 <input type="checkbox"/>	29 <input type="checkbox"/>	49 <input type="checkbox"/>	69 <input type="checkbox"/>	89 <input type="checkbox"/>
Pepsi ONE	10 <input type="checkbox"/>	30 <input type="checkbox"/>	50 <input type="checkbox"/>	70 <input type="checkbox"/>	90 <input type="checkbox"/>
Sprite	11 <input type="checkbox"/>	31 <input type="checkbox"/>	51 <input type="checkbox"/>	71 <input type="checkbox"/>	91 <input type="checkbox"/>
Wild Cherry Pepsi	12 <input type="checkbox"/>	32 <input type="checkbox"/>	52 <input type="checkbox"/>	72 <input type="checkbox"/>	92 <input type="checkbox"/>

2. Each week my household consumes:
 (all that apply)

	1 Can	2-3 Cans	4-6 Cans	7+ Cans
Boost	01 <input type="checkbox"/>	05 <input type="checkbox"/>	09 <input type="checkbox"/>	13 <input type="checkbox"/>
Ensure	02 <input type="checkbox"/>	06 <input type="checkbox"/>	10 <input type="checkbox"/>	14 <input type="checkbox"/>
Ensure Plus	03 <input type="checkbox"/>	07 <input type="checkbox"/>	11 <input type="checkbox"/>	15 <input type="checkbox"/>
Sustacal	04 <input type="checkbox"/>	08 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>

3. I use these bar and liquid body wash brands: (Please all that apply)

	Bar	Liquid	Bar	Liquid	
Dove	01 <input type="checkbox"/>	05 <input type="checkbox"/>	Oil of Olay	09 <input type="checkbox"/>	15 <input type="checkbox"/>
Caress	02 <input type="checkbox"/>	06 <input type="checkbox"/>	Love		16 <input type="checkbox"/>
Herbal			Zest	11 <input type="checkbox"/>	17 <input type="checkbox"/>
Essence	03 <input type="checkbox"/>	07 <input type="checkbox"/>	Soft Soap	12 <input type="checkbox"/>	18 <input type="checkbox"/>
Ivory Moisture			Gillette	13 <input type="checkbox"/>	19 <input type="checkbox"/>
Care	04 <input type="checkbox"/>	08 <input type="checkbox"/>	Jergens	14 <input type="checkbox"/>	20 <input type="checkbox"/>

4. The following pets live at my home: (write how many in box)

1 Dogs 2 Cats 3 Birds
Number Number Number

My cat(s) ages are: (Please all that apply)

4 0-4 months 5 5-8 months 6 9-11 months
 7 1-4 years 8 5-8 years 9 9+ years

5. Of my last 5 purchases, I bought this dry cat food brand at least 3 times:

1 Friskies 5 Purina Cat Chow 9 Other
 2 Hills Science Diet 6 Purina Kitten Chow 0 None
 3 IAMS 7 Purina O.N.E.
 4 Meow Mix 8 Pro Plan

LEISURE

1. Someone in my home enjoys the following:

01 <input type="checkbox"/> Astrology	14 <input type="checkbox"/> Gardening
02 <input type="checkbox"/> Automotive Work	15 <input checked="" type="checkbox"/> Golf Frequently
03 <input type="checkbox"/> Bible/Worship	16 <input type="checkbox"/> Gourmet Cooking
04 <input type="checkbox"/> Camping/Hiking	17 <input checked="" type="checkbox"/> Health/Natural Foods
05 <input type="checkbox"/> Casino Gambling	18 <input type="checkbox"/> Hunting/Shooting
06 <input type="checkbox"/> Crafts	19 <input type="checkbox"/> Internet Usage
07 <input type="checkbox"/> Cultural Arts	20 <input type="checkbox"/> Self-Improvement
08 <input type="checkbox"/> Cycling	21 <input type="checkbox"/> Snow Skiing
09 <input checked="" type="checkbox"/> Cooking at Home/Recipes	22 <input type="checkbox"/> Tennis Frequently
10 <input type="checkbox"/> Do-It-Yourself	23 <input type="checkbox"/> Travel in U.S.
11 <input type="checkbox"/> Fishing	24 <input type="checkbox"/> Vacation Cruises
12 <input checked="" type="checkbox"/> Fitness/Exercise	25 <input type="checkbox"/> Wines
13 <input checked="" type="checkbox"/> Foreign Travel	26 <input type="checkbox"/> Woodworking

2. The three favorite activities (using the numbers above) are:
 (Please write number)

Me 1 1st 2 2nd 3 3rd
 Adult 2 4 1st 5 2nd 6 3rd

3. I/we buy these things through the mail:

01 <input checked="" type="checkbox"/> Books/Magazines	08 <input type="checkbox"/> Gardening Supplies
02 <input type="checkbox"/> Checks (not from a bank)	09 <input type="checkbox"/> Gifts
03 <input type="checkbox"/> Children's Products	10 <input type="checkbox"/> Housewares/Furnishings
04 <input type="checkbox"/> Clothing	11 <input type="checkbox"/> Insurance/Financial Prod.
05 <input type="checkbox"/> Computer Products	12 <input type="checkbox"/> Music/Video
06 <input type="checkbox"/> Cosmetics/Jewelry	13 <input type="checkbox"/> Sports Equipment
07 <input type="checkbox"/> Crafts/Hobbies	14 <input type="checkbox"/> Other

LEISURE

4. For video viewing, I own a DVD Player (Digital Video Disc):

1 Yes 2 No

If no, I plan to buy a DVD Player in the next 12 months:

3 Yes 4 No

5. Someone in my home owns or plans to buy:

	<i>Owns</i>	<i>Plans To Buy</i>
Power Boat	01 <input type="checkbox"/>	11 <input type="checkbox"/>
Sail Boat	02 <input type="checkbox"/>	12 <input type="checkbox"/>
Cell/Mobile Phone	03 <input type="checkbox"/>	13 <input type="checkbox"/>
RV	04 <input type="checkbox"/>	14 <input type="checkbox"/>
Vacation Home	05 <input type="checkbox"/>	15 <input type="checkbox"/>
Video Camera	06 <input type="checkbox"/>	16 <input type="checkbox"/>

6. I/we listen to the following music:

1 Rock 5 Country 9 Latin
 2 R&B 6 Jazz/Blues 0 Other
 3 Dance 7 Classical
 4 Pop 8 Christian

7. I/we read the following books:

1 Best Sellers 4 History 7 Romance
 2 Children's 5 Mystery 8 Science Fiction
 3 Christian 6 Non-Fiction

8. Someone in my home is or has been a member of one of these mail clubs:

	<i>Current Member</i>	<i>Former Member</i>
Book Club	1 <input type="checkbox"/>	5 <input type="checkbox"/>
CD/Cassette/Record Club	2 <input type="checkbox"/>	6 <input type="checkbox"/>
Recipe/Gardening/Other Club	3 <input type="checkbox"/>	7 <input type="checkbox"/>
Video Club	4 <input type="checkbox"/>	8 <input type="checkbox"/>

9. Someone in my home collects:

1 Coins 4 Plates 7 Stamps
 2 Dolls 5 Porcelains
 3 Die Cast Cars 6 Sports Items

TECHNOLOGY

1. The personal computer I/we use is:

	<i>Home</i>		<i>Work</i>	
486 or less	1 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
Pentium I/II	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>
Macintosh				
Other				

2. I/we have this computer equipment:

	<i>Home</i>		<i>Work</i>	
CD ROM	1 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
Modem	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>
Laser Printer				
Color Printer				

3. I/we use: 1 Desktop 2 Laptop 3 Both

4. I/we use: 1 OS2 3 UNIX
 2 Windows '95 4 Windows '98 or higher

5. I/we subscribe to the following online service:

01 America Online 07 Microsoft Network
 02 ATT WorldNet 08 Mindspring
 03 Compuserve 09 Net Zero
 04 Earthlink 10 Prodigy
 05 GTE 11 Other
 06 IBM 12 None

6. I/we plan, in the next twelve months, to purchase for our home:

1 Modem 6 Education software
 2 Monitor 7 Finance software
 3 Multimedia PC 8 Office software
 4 CD ROM drive 9 Suite of software
 5 Upgrade for existing PC product

7. I/we have ordered from the Internet: 1 Yes 9 No

FAMILY/HOME

1. I will start new home construction in:

1 6-12 months 2 1-2 years

2. I have a septic system: 1 Yes 9 No

3. I would like information on how to maintain my septic system:

1 Yes 9 No

4. I own a humidifier that uses a filter: 1 Yes 9 No

5. I/we went to school through:

	<i>Me</i>	<i>Adult 2</i>
Some High School	1 <input type="checkbox"/>	6 <input type="checkbox"/>
Completed High School	2 <input type="checkbox"/>	7 <input type="checkbox"/>
Some College	3 <input type="checkbox"/>	8 <input type="checkbox"/>
College Degree	4 <input type="checkbox"/>	9 <input type="checkbox"/>
Graduate Degree	5 <input type="checkbox"/>	0 <input type="checkbox"/>

6. I would like information about \$5,000 or \$10,000 life insurance that starts for only \$1.00 with no medical exam and no agent:

1 For adults 3 For both groups
 2 For children/grandchildren

7. My current auto insurance carrier is: (X all that apply)

01 AAA 07 Nationwide
 02 Allstate 08 Progressive
 03 American Family 09 Prudential
 04 Farmers 10 State Farm
 05 GEICO 11 USAA
 06 Liberty Mutual 12 Other

I renew my auto insurance policy in:

13 Jan 16 April 19 July 22 Oct
 14 Feb 17 May 20 Aug 23 Nov
 15 Mar 18 June 21 Sept 24 Dec

8. In my home there is someone who:

1 Smokes a pipe 4 Is a Weight Loss Club Member
 2 Smokes a cigar
 3 Is a Frequent Flyer Club Member 5 Wears Eyeglasses
 6 Wears Contact Lenses

9. I/we make a living as:

	<i>Me</i>	<i>Adult 2</i>
Homemaker	01 <input type="checkbox"/>	21 <input type="checkbox"/>
Teacher	02 <input type="checkbox"/>	22 <input type="checkbox"/>
Doctor	03 <input type="checkbox"/>	23 <input type="checkbox"/>
Nurse	04 <input type="checkbox"/>	24 <input type="checkbox"/>
Lawyer	05 <input type="checkbox"/>	25 <input type="checkbox"/>
Professional (degreed)	06 <input type="checkbox"/>	26 <input type="checkbox"/>
Executive Upper Management	07 <input type="checkbox"/>	27 <input type="checkbox"/>
Middle Management	08 <input type="checkbox"/>	28 <input type="checkbox"/>
Sales/Marketing	09 <input type="checkbox"/>	29 <input type="checkbox"/>
Clerical/Service Worker	10 <input type="checkbox"/>	30 <input type="checkbox"/>
Computer Technician	11 <input type="checkbox"/>	31 <input type="checkbox"/>
Craftsman/Machine Operator	12 <input type="checkbox"/>	32 <input type="checkbox"/>
Farmer	13 <input type="checkbox"/>	33 <input type="checkbox"/>
Retired	14 <input type="checkbox"/>	34 <input type="checkbox"/>
Student	15 <input type="checkbox"/>	35 <input type="checkbox"/>

10. I am:

	<i>Me</i>	<i>Adult 2</i>
Self-Employed	1 <input type="checkbox"/>	4 <input type="checkbox"/>
Business Owner/Partner	2 <input type="checkbox"/>	5 <input type="checkbox"/>
In-Home Business	3 <input type="checkbox"/>	6 <input type="checkbox"/>

11. I am: 1 Married 3 Single
 2 Divorced 4 Widowed

12. I live in a/an: 1 Apartment 2 House

13. I/we: 1 Own a home 2 Rent

14. Number of people in my home:

1 One 2 Two 3 Three 4 Four 5 Five +

15. I moved into my current home: *Month* *Year*
 (Please write in date):

FAMILY/HOME

16. In my home there is an expectant mother:

1 Yes 9 No
 (Please write in due date): Month Year

17. Birth dates of adults in my home:

1 Me. Month Year

2 Adult 2 Month Year

18. My children (aged 0-18):

Sex Birth Date
 Male Female Month Year

Child #1 1 2 Month Year

Child #2 1 2 Month Year

Child #3 1 2 Month Year

19. My grandchildren (aged 0-18):

Sex Birth Date
 Male Female Month Year

Grandchild #1 1 2 Month Year

Grandchild #2 1 2 Month Year

Grandchild #3 1 2 Month Year

20. Someone in my home has donated to the following charities:

1 Animal Welfare 3 Political
 2 Cultural Activities 4 Did Not Give

AUTOMOTIVE

1. The two newest cars or trucks in my household are:

Vehicle #1
 Make (e.g., Ford)
 Model (e.g., Taurus)
 Year Bought: 1 New 2 Used 3 Lease
 Lease Expiration Month Day Year

Vehicle #2
 Make (e.g., Ford)
 Model (e.g., Taurus)
 Year Bought: 1 New 2 Used 3 Lease
 Lease Expiration Month Day Year

2. Within the next 12 months I plan to:

	1-3 Months	4-6 Months	7-12 Months
Lease a new vehicle	01 <input type="checkbox"/>	11 <input type="checkbox"/>	21 <input type="checkbox"/>
Buy a new vehicle	02 <input type="checkbox"/>	12 <input type="checkbox"/>	22 <input type="checkbox"/>
Lease a used vehicle	03 <input type="checkbox"/>	13 <input type="checkbox"/>	23 <input type="checkbox"/>
Buy a used vehicle	04 <input type="checkbox"/>	14 <input type="checkbox"/>	24 <input type="checkbox"/>

3. I will most likely buy these type(s) of vehicle(s) next:

01 Sub-Compact Car 04 Large Car 07 Sport Utility
 02 Compact Car 05 Luxury Car 08 Van
 03 Mid-size Car 06 Sport Coupe 09 Pickup Truck

From these manufacturers:

10 <input type="checkbox"/> Acura	21 <input type="checkbox"/> Honda	31 <input type="checkbox"/> Lincoln	42 <input type="checkbox"/> Subaru
11 <input type="checkbox"/> Audi	22 <input type="checkbox"/> Geo	32 <input type="checkbox"/> Mazda	43 <input type="checkbox"/> Suzuki
12 <input type="checkbox"/> BMW	23 <input type="checkbox"/> Hyundai	33 <input type="checkbox"/> Mercedes	44 <input type="checkbox"/> Toyota
13 <input type="checkbox"/> Buick	24 <input type="checkbox"/> Infiniti	34 <input type="checkbox"/> Mercury	45 <input type="checkbox"/> Volkswagen
14 <input type="checkbox"/> Cadillac	25 <input type="checkbox"/> Isuzu	35 <input type="checkbox"/> Mitsubishi	
15 <input type="checkbox"/> Chevrolet	26 <input type="checkbox"/> Jaguar	36 <input type="checkbox"/> Nissan	46 <input type="checkbox"/> Volvo
16 <input type="checkbox"/> Chrysler	27 <input type="checkbox"/> Jeep	37 <input type="checkbox"/> Oldsmobile	47 <input type="checkbox"/> Other
17 <input type="checkbox"/> Dodge	28 <input type="checkbox"/> Kia	38 <input type="checkbox"/> Plymouth	
18 <input type="checkbox"/> Eagle	29 <input type="checkbox"/> Land Rover	39 <input type="checkbox"/> Pontiac	
19 <input type="checkbox"/> Ford		40 <input type="checkbox"/> Saab	
20 <input type="checkbox"/> GMC	30 <input type="checkbox"/> Lexus	41 <input type="checkbox"/> Saturn	

HEALTH

1. Someone in my home has:

	Me	Adult 2	Other Person	Uses Prescription
Alzheimer's	01 <input type="checkbox"/>	25 <input type="checkbox"/>	49 <input type="checkbox"/>	73 <input type="checkbox"/>
Angina	02 <input type="checkbox"/>	26 <input type="checkbox"/>	50 <input type="checkbox"/>	74 <input type="checkbox"/>
Arthritis	03 <input type="checkbox"/>	27 <input type="checkbox"/>	51 <input type="checkbox"/>	75 <input type="checkbox"/>
Asthma	04 <input type="checkbox"/>	28 <input type="checkbox"/>	52 <input type="checkbox"/>	76 <input type="checkbox"/>
Bladder Control Prob.	05 <input type="checkbox"/>	29 <input type="checkbox"/>	53 <input type="checkbox"/>	77 <input type="checkbox"/>
Clinical Depression	06 <input type="checkbox"/>	30 <input type="checkbox"/>	54 <input type="checkbox"/>	78 <input type="checkbox"/>
Diabetes	07 <input type="checkbox"/>	31 <input type="checkbox"/>	55 <input type="checkbox"/>	79 <input type="checkbox"/>
Epilepsy	08 <input type="checkbox"/>	32 <input type="checkbox"/>	56 <input type="checkbox"/>	80 <input type="checkbox"/>
Frequent Cold Sores	09 <input type="checkbox"/>	33 <input type="checkbox"/>	57 <input type="checkbox"/>	81 <input type="checkbox"/>
Frequent Heartburn	10 <input type="checkbox"/>	34 <input type="checkbox"/>	58 <input type="checkbox"/>	82 <input type="checkbox"/>
High Blood Pressure	11 <input type="checkbox"/>	35 <input type="checkbox"/>	59 <input type="checkbox"/>	83 <input type="checkbox"/>
High Cholesterol	12 <input type="checkbox"/>	36 <input type="checkbox"/>	60 <input type="checkbox"/>	84 <input type="checkbox"/>
Insomnia	13 <input type="checkbox"/>	37 <input type="checkbox"/>	61 <input type="checkbox"/>	85 <input type="checkbox"/>
Male Baldness	14 <input type="checkbox"/>	38 <input type="checkbox"/>	62 <input type="checkbox"/>	86 <input type="checkbox"/>
Nasal Allergies	15 <input type="checkbox"/>	39 <input type="checkbox"/>	63 <input type="checkbox"/>	87 <input type="checkbox"/>
Other Allergies	16 <input type="checkbox"/>	40 <input type="checkbox"/>	64 <input type="checkbox"/>	88 <input type="checkbox"/>
Osteoporosis	17 <input type="checkbox"/>	41 <input type="checkbox"/>	65 <input type="checkbox"/>	89 <input type="checkbox"/>
Parkinson's Disease	18 <input type="checkbox"/>	42 <input type="checkbox"/>	66 <input type="checkbox"/>	90 <input type="checkbox"/>
Prostate Problems	19 <input type="checkbox"/>	43 <input type="checkbox"/>	67 <input type="checkbox"/>	91 <input type="checkbox"/>
Ulcers	20 <input type="checkbox"/>	44 <input type="checkbox"/>	68 <input type="checkbox"/>	92 <input type="checkbox"/>

2. Allergy medicines used in my home:

1 Beconase 3 Nasacort 5 Rhinocort
 2 Flonase 4 Vancenase 6 Atrovent

3. Someone in my home treats diabetes with:

1 Insulin 2 Prescription Pills 3 Proper Diet

4. Contact lenses are worn by:

	Me	Adult 2	Children
Hard	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
Soft Disposable	2 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
Soft Non-Disposable	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>

5. Someone in my home uses these prescription medicines:

	Me	Adult 2	Other Person
Allegra	01 <input type="checkbox"/>	31 <input type="checkbox"/>	61 <input type="checkbox"/>
Arthrotec	02 <input type="checkbox"/>	32 <input type="checkbox"/>	62 <input type="checkbox"/>
Celebrex	03 <input type="checkbox"/>	33 <input type="checkbox"/>	63 <input type="checkbox"/>
Claritin	04 <input type="checkbox"/>	34 <input type="checkbox"/>	64 <input type="checkbox"/>
Estrogen Replacement	05 <input type="checkbox"/>	35 <input type="checkbox"/>	65 <input type="checkbox"/>
Fosamax	06 <input type="checkbox"/>	36 <input type="checkbox"/>	66 <input type="checkbox"/>
Glucotrol	07 <input type="checkbox"/>	37 <input type="checkbox"/>	67 <input type="checkbox"/>
Lescol	08 <input type="checkbox"/>	38 <input type="checkbox"/>	68 <input type="checkbox"/>
Lipitor	09 <input type="checkbox"/>	39 <input type="checkbox"/>	69 <input type="checkbox"/>
Mevacor	10 <input type="checkbox"/>	40 <input type="checkbox"/>	70 <input type="checkbox"/>
Norvasc	11 <input type="checkbox"/>	41 <input type="checkbox"/>	71 <input type="checkbox"/>
Oral Contraceptive	12 <input type="checkbox"/>	42 <input type="checkbox"/>	72 <input type="checkbox"/>
Paxil	13 <input type="checkbox"/>	43 <input type="checkbox"/>	73 <input type="checkbox"/>
Pepcid	14 <input type="checkbox"/>	44 <input type="checkbox"/>	74 <input type="checkbox"/>
Pravachol	15 <input type="checkbox"/>	45 <input type="checkbox"/>	75 <input type="checkbox"/>
Prilosec	16 <input type="checkbox"/>	46 <input type="checkbox"/>	76 <input type="checkbox"/>
Procardia (XL)	17 <input type="checkbox"/>	47 <input type="checkbox"/>	77 <input type="checkbox"/>
Proventil	18 <input type="checkbox"/>	48 <input type="checkbox"/>	78 <input type="checkbox"/>
Prozac	19 <input type="checkbox"/>	49 <input type="checkbox"/>	79 <input type="checkbox"/>
Tagamet	20 <input type="checkbox"/>	50 <input type="checkbox"/>	80 <input type="checkbox"/>
Vanceril	21 <input type="checkbox"/>	51 <input type="checkbox"/>	81 <input type="checkbox"/>
Ventolin Inhaler	22 <input type="checkbox"/>	52 <input type="checkbox"/>	82 <input type="checkbox"/>
Zantac	23 <input type="checkbox"/>	53 <input type="checkbox"/>	83 <input type="checkbox"/>
Zocor	24 <input type="checkbox"/>	54 <input type="checkbox"/>	84 <input type="checkbox"/>
Zyrtec	25 <input type="checkbox"/>	55 <input type="checkbox"/>	85 <input type="checkbox"/>

Thank You...

When you return this survey
you'll automatically be entered
in a special drawing
for one of the below GRAND PRIZES!

and it's your choice...

- Can you use an extra \$25,000?
 - A Ford Explorer XL-FWD?
 - A European Vacation for four?
- A Starcraft Bowrider boat with trailer? Or
- \$25,000 in Home Improvements?

You'll also be eligible to win a...

- Macintosh Powerbook or Pentium desktop computer with CD-ROM
- Toshiba 27" color TV plus VCR
- Minolta Freedom 35mm camera
- Precor Climber, or an
- Oak Pool Table

PLUS! A FABULOUS EARLY BIRD ALL-EXPENSE PAID VACATION!

If you reply by April 24, 2000 you may also win a one-week, all-inclusive vacation for two at the Holiday Inn SunSpree Resort in Montego Bay, Jamaica!

Don't miss out...send in your survey today!

OFFICIAL RULES—NO PURCHASE NECESSARY

To enter: complete BehaviorBank Survey, product registration cards or other official printed entry forms per instructions; or print your name, address, and daytime telephone number on a 3" x 5" paper. Mail to: "\$25,000" Sweepstakes, Box 8001, Amityville, NY 11708-8001. Sweepstakes begins 1/1/00. Mailed entries must be postmarked by 12/30/00 and received by 1/15/01. Winner selected by 1/30/01. Bonus Winner will be selected separately from entries meeting qualifications described elsewhere in this offer.

Consumer Disclosures: During the course of this program, different prizes of approximately the same value may be offered at different prize levels. Winners may select any prize offered at level won. Prize quantities/levels/values: 1 Grand Prize/\$25,000; 1 First Prize/\$4,000; 1 Second Prize/\$2,000; 50 Third Prizes/\$80 each; 1 Bonus Prize/\$5,000. Total all prizes \$40,000. Car and boat/trailer prizes, if offered, must be picked up at local dealer; title, tags, license and registration are winner's responsibility. Odds of winning depend on number of entries received. Printed entry forms will not exceed 350 million. For Winners List, available after 1/30/01, send self-addressed stamped envelope to: Winners, Box 8002, Amityville, NY 11708-8002.

THE FOLLOWING RULES ALSO APPLY: Sponsored by Experian, 360 E. 22nd St., Lombard, IL 60148-4989. Random drawings conducted by an independent judge whose decisions are final. Mechanically reproduced entries will not be accepted.

Open to legal residents of the 50 U.S. and Washington, D.C., 18 and older, except employees and their immediate families of Sponsor, its parent companies, subsidiaries, affiliates, and vendors. Void where prohibited. Federal, state, and local laws and regulations apply.

Winner(s) will be notified in writing and may be required to execute and return an Affidavit of Eligibility and Liability/Publicity release within 14 days of date on notification or prize will be awarded to an alternate winner. Except where prohibited, entrants consent to use of their names and likenesses for promotional purposes without compensation. Travel prizes subject to availability and must be completed within 12 months of date awarded. Blackout dates/restrictions may apply. Winner(s) and companion(s) must sign releases and are responsible for all travel prerequisites. Winner(s) are responsible for all taxes and any other expenses associated with claiming/using prizes. Prizes not transferable and no substitutions. If prize is unavailable, sponsor will provide a prize of equal or greater value. Limit one prize per family/household. Sponsor not responsible for entries that are lost, late, misdirected, damaged, incomplete, illegible or postage-due.

COMPUTERS TRAVEL CHINA/CRYSTAL CASH SAVINGS BONDS COMPUTERS JEWELRY
MAJOR APPLIANCES
COMPUTERS
JEWELRY
SPORTS EQUIPMENT
SPA
CHINA/CRYSTAL
HEALTH CLUB MEMBERSHIPS
BICYCLES
TOYS

AUTOMOBILES
TRAVEL
FURNITURE
CASH
SAVINGS BONDS
SCHOLARSHIPS
HOME IMPROVEMENTS
ELECTRONICS
EXERCISE EQUIPMENT

- Macintosh Powerbook or Pentium desktop computer with CD-ROM
- Toshiba 27" color TV plus VCR • Minolta Freedom 35mm camera
- Precor Climber, or an • Oak Pool Table

PLUS! A FABULOUS EARLY BIRD ALL-EXPENSE PAID VACATION!

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Don't miss out...send in your survey today!

OFFICIAL RULES—NO PURCHASE NECESSARY

To enter: complete BehaviorBank Survey, product registration cards or other official printed entry forms per instructions; or print your name, address, and daytime telephone number on a 3" x 5" paper. Mail to: "\$25,000" Sweepstakes, Box 8001, Amityville, NY 11708-8001. Sweepstakes begins 1/1/00. Mailed entries must be postmarked by 12/30/00 and received by 1/15/01. Winners selected by 1/30/01. Bonus Winner will be selected separately from entries meeting qualifications described elsewhere in this offer.

Consumer Disclosures: During the course of this program, different prizes of approximately the same value may be offered at different prize levels. Winners may select any prize offered at level won. Prize quantities/levels/values: 1 Grand Prize/\$25,000; 1 First Prize/\$4,000; 1 Second Prize/\$2,000; 50 Third Prizes/\$80 each; 1 Bonus Prize/\$5,000. Total all prizes \$40,000. Car and boat/trailer prizes, if offered, must be picked up at local dealer, title, tags, license and registration are winner's responsibility. Odds of winning depend on number of entries received. Printed entry forms will not exceed 350 million. For Winners List, available after 1/30/01, send self-addressed stamped envelope to: Winners, Box 8002, Amityville, NY 11708-8002.

THE FOLLOWING RULES ALSO APPLY: Sponsored by Experian, 360 E. 22nd St., Lombard, IL 60148-4989. Random drawings conducted by an independent judge whose decisions are final. Mechanically reproduced entries will not be accepted.

Open to legal residents of the 50 U.S. and Washington, D.C., 18 and older, except employees and their immediate families of Sponsor, its parent companies, subsidiaries, affiliates, and vendors. Void where prohibited. Federal, state, and local laws and regulations apply.

Winner(s) will be notified in writing and may be required to execute and return an Affidavit of Eligibility and Liability/Publicity release within 14 days of date on notification or prize will be awarded to an alternate winner. Except where prohibited, entrants consent to use of their names and likenesses for promotional purposes without compensation. Travel prizes subject to availability and must be completed within 12 months of date awarded. Blackout dates/restrictions may apply. Winner(s) and companion(s) must sign releases and are responsible for all travel prerequisites. Winner(s) are responsible for all taxes and any other expenses associated with claiming/using prizes. Prizes not transferable and no substitutions. If prize is unavailable, sponsor will provide a prize of equal or greater value. Limit one prize per family/household. Sponsor not responsible for entries that are lost, late, misdirected, damaged, incomplete, illegible or postage due.

B

Consumer Product Survey of America

Consumer Research Center, Shopper's Voice, 1200 William Street, Box 1382, Buffalo, NY 14240-1382

**You don't get a letter like this everyday...
so we hope you'll take just a few moments to participate!**

Dear Shopper:

Here's a simple statistic that may surprise you:

80% of all NEW products that come to market fail in a few short years. What's more, a significant percentage of the products you use today will simply disappear from the marketplace— never to return again.

Have you ever wondered what causes these failures? One fact may surprise you. Everything you buy, from laundry detergent to headache remedies, is critically dependent upon one thing to continue its existence. That thing is your opinion.

Surprised? Over the years, successful manufacturers have learned that your opinion is invaluable for quality improvements and long life for their products. When you speak your mind, better products get to market. The manufacturers are happy. Consumers are happy. And it really is that simple.

That's why it is so important for you to take a few moments right now to complete the enclosed survey. What's more, the companies who commissioned this study are willing to reward you for your efforts!

In return for completing this survey by May 20, these companies have assembled these bonuses for you:

- 1. Receive Valuable Money-Saving Coupons!** These are not the meager cents-off coupons you get in the store or from a newspaper. These are special coupons prepared by the manufacturer specifically for limited distribution to select audiences. Many of the coupon values are as high as \$1.00 or more - and there are packets of them waiting to be mailed to people who respond to this survey!
- 2. Earn a Chance for \$4,000 Cash or a Caribbean Vacation Cruise!** It's a great chance to win a great vacation for two...or a handsome windfall you can use for anything you want! Just get your survey in and you are entered!
- 3. More Cash Prizes!** In addition to the Grand Prize, you're also entered for 10 separate cash drawings for \$100! (See sweepstakes details on the back of this letter.)
- 4. Exclusive Bonus Offers for Survey Responders Only!** Here's a program you want to be involved in! Manufacturers seek out groups like ours to send free product samples,

Please see over ...

information, and valuable trial coupons. If you would like to be included in these offerings, be sure to check "YES" to the LAST QUESTION ON THE SURVEY!

Thank you for your time. I can assure you that the few moments you take to complete this survey will be well worth your time.

Sincerely,



Laura David

P.S. I have enclosed a postage-paid envelope which you can use to return your survey to me. But please remember, I need your response no later than MAY 20! I'd hate for you to miss out on the coupon mailings and sweepstakes, so won't you take a moment to complete the survey right now, while it's on your mind?

P.P.S. Below are a few notes from new friends who replied to one of my recent surveys

" I want to say thank you for keeping your word and sending coupons to those who completed your recent consumer products survey ... The majority of coupons you sent to me, I use a great deal. I am most impressed with the dollar amount of the coupons - they are a real savings! I don't get coupons like this in my Sunday paper inserts! I'll be glad to participate in more of your surveys for these kinds of rewards any day! "

P. W., Madison, ME

" ... thank you for the coupons and the report I received from you today. The coupon amounts and lengthy expiration dates are terrific! I also found the research report graphs very interesting. So many research companies either ignore you when you send in their questionnaires or send coupons with very small amounts. None send reports like yours! Keep up the good work and please keep me on the panel. "

N. B., GFLD., MA

" I wanted to tell you how impressed I was receiving your promised coupons for completing your recent survey. In past years I've done similar surveys for (company name deleted) but your coupons and samples were so much better. Your envelope had quality coupons and samples and I am so appreciative. I hope to receive more surveys ... "

C. D. , Bethesda, MD

" I just received your Consumer Products Survey 'Results' and coupons in the mail. Of all the surveys I've been a part of, yours was certainly handled the most professionally. Thank you for the very generous coupons you sent, most of which I immediately used. It was a pleasure to be a part of your survey. I would be more than happy to participate in any future surveys you may have. "

J. T., Livingston, LA

" Thank you for the Consumer Survey Report. To my knowledge you are the very first survey company that ever sent me any information on what we told you. "

C. P., Eugene, OR

" I am so grateful to you for the wonderful set of coupons you sent me. I will gladly take any surveys for you in the future if it means getting \$1.00 coupons. I am also glad to know someone takes the time to read our surveys. "

J. P., Niles, OH

" ... I received your coupons today. I want to say thank you. Out of all the 'Survey' people who have contacted me to fill out their surveys, you are the only company who has ever actually sent me coupons. Please keep me in mind should you want more surveys filled out. "

A. W., Dayton, OH

" Was surprised to receive the results of your survey and pleased to receive the coupons. I fill out surveys quite often, time permitting, and never have received the results before ... Thank you for letting me know that all these consumer product surveys don't fall into a black hole. "

C. K., Royal Oak, MI

" I received the coupons today from the survey I filled out a few weeks ago. Thank you so much. I have filled out many surveys ... but this is the only one I know that sent coupons and not all advertisements. "

I. E., Jonesboro, GA

" I just want to say 'Good for you'. This is the first time someone has acknowledged a survey that I have filled out and I have filled out many. Thanks again for noticing and for the coupons. "

R. L., Waltham, MA

" Thank you for the very useful coupons which I will truly enjoy using. The survey results were most interesting ... Looking forward to the next survey. "

K. B., Middletown, CT

" Thanks for the batch of coupons. You have a very streamlined program. The coupons are in values worth bothering with and honed in on my needs so accurately that I intend to use every coupon sent except one (and that's because I have access to the product at no charge). "

S. G., Grand Rapids, MI

" I would like to tell you that I was very pleased with the quality of the coupons you sent. Several times I have filled out consumer surveys, only to receive a lot of advertising pamphlets and a few low-value coupons in return. Yours are definitely much better. "

C. P., Catawba, WI

" I don't participate in these very often. But I thought this one was worthwhile. "

J. L., Lake Oswego, OR

" I wanted to express my thanks for the results of your survey ... of all the surveys I have completed in the past, you are the only one who sent me any of the results ... the survey will be the topic of my conversation for the next few weeks. "

A. B., Winter Haven, FL

“ I recently received the coupons from participating in the Consumer Products Survey and I must admit I was impressed with the coupons. It's nice to get a coupon that has more than 25¢ off a product. ”

R. M., Troy, OH

“ ... I appreciate your company taking the time and expense of sending survey results to respondents. ... I've not heard of your company before, but I have little doubt that it is successful if your follow through on all projects is as complete as on this one. ”

S.M., Reno, NV

“ Thank you for the great coupons you sent ... The savings were substantial ... I found the survey results were very interesting. ”

S. E., Glennville, GA

ABBREVIATED SWEEPSTAKES RULES

NO PURCHASE NECESSARY. Open to legal residents of the U.S., 18 or older at time of entry. To enter, simply complete the enclosed Consumer Survey, and mail it in the postage-paid return envelope provided. To be eligible your completed survey must include your correct name and complete address, printed legibly in the space provided.

SURVEY MUST BE RECEIVED BY MAY 20, 2000, the sweepstakes closing date. Sweepstakes winners will be selected randomly in a drawing on or about June 30, 2000. Odds of winning prizes [Caribbean Cruise (or \$4,000.00), \$100.00] depend upon number of eligible entries received. Winners will be notified by telephone or mail. Sweepstakes is subject to complete Official Rules. For a copy of the complete Official Rules send a self-addressed stamped (WA/VT residents may omit return postage) envelope to: Sweepstakes Rules, Shopper's Voice, 1200 William Street, Box 1382, Buffalo, New York 14240-1382.

INSTRUCTIONS:

Dear Fellow Shopper:

This quick survey is easy and will only take a few minutes. Here's all you have to do:

- 1) Let me know the products that you or other people living in your home may have used by marking a dark "X" in the appropriate boxes.
- 2) Please take into account products used by you and all other people living in your home.
- 3) If you get to a category that is not used in your home, just "X" the "DO NOT USE" box and skip it.
- 4) For each category, "X" as many boxes as apply.

EXAMPLE: In my family, we usually buy Charmin or Scott bathroom tissue, but we also used Northern in the past 12 months. I would "X" boxes as follows:

BATHROOM TISSUE

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Angel Soft	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Charmin	<input type="checkbox"/>
<input type="checkbox"/>	Kleenex Cottonelle	<input type="checkbox"/>
<input type="checkbox"/>	Northern	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Scott	<input type="checkbox"/>
<input type="checkbox"/>	Other bathroom tissue	<input type="checkbox"/>

URGENT: Please take a few moments right now to complete this survey. It's important. I appreciate your help.

Sincerely,
Laura
Laura David

P.S. **Please note:** It is extremely important that the information you provide be accurate.

BATHROOM TISSUE

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Angel Soft	<input type="checkbox"/>
<input type="checkbox"/>	Charmin	<input type="checkbox"/>
<input type="checkbox"/>	Kleenex Cottonelle	<input type="checkbox"/>
<input type="checkbox"/>	Northern	<input type="checkbox"/>
<input type="checkbox"/>	Scott	<input type="checkbox"/>
<input type="checkbox"/>	Other bathroom tissue	<input type="checkbox"/>

Which type of bathroom tissue roll do members of your household purchase most often?

- Single or regular roll
- Double or jumbo roll

COTTON SWABS

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Johnson & Johnson	<input type="checkbox"/>
<input type="checkbox"/>	Q-tips	<input type="checkbox"/>
<input type="checkbox"/>	Store brand	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

EU-1L11

PAPER TOWELS

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Bounty	<input type="checkbox"/>
<input type="checkbox"/>	Brawny	<input type="checkbox"/>
<input type="checkbox"/>	Mardi Gras	<input type="checkbox"/>
<input type="checkbox"/>	Scott Towels	<input type="checkbox"/>
<input type="checkbox"/>	Sparkle	<input type="checkbox"/>
<input type="checkbox"/>	Viva	<input type="checkbox"/>
<input type="checkbox"/>	Other paper towels	<input type="checkbox"/>

1) How many days does it usually take to use an entire roll of paper towels in your home?

- 1 to 6 days
- 7 to 10
- 11 to 14
- More than 14 days

2) Which paper towel sheet sizes do you buy most often?

- Regular sheet sizes
- Select-a-size (Bounty)
- Pick-a-size (Brawny)
- Choose-a-size (Scott)

JARRED PASTA SAUCE

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Classico	<input type="checkbox"/>
<input type="checkbox"/>	Five Brothers	<input type="checkbox"/>
<input type="checkbox"/>	Francesco Rinaldi	<input type="checkbox"/>
<input type="checkbox"/>	Prego	<input type="checkbox"/>
<input type="checkbox"/>	Ragú	<input type="checkbox"/>
<input type="checkbox"/>	Ragú - Cheese Creations	<input type="checkbox"/>
<input type="checkbox"/>	Store brand	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

How frequently is jarred pasta sauce used in your household?

- Twice per week or more often
- Once per week
- 2 or 3 times per month
- Once a month or less often

STAIN REMOVERS

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Shout	<input type="checkbox"/>
<input type="checkbox"/>	Spray 'n' Wash	<input type="checkbox"/>
<input type="checkbox"/>	Zout	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

On average, how many stains do you pretreat per week?

- 11 or more
- 5 to 10
- 4 or fewer

COUPON USE

1) How often do you use "cents off" store coupons?

- More than once per week
- Once per week
- Less than once per week

2) In the past 4 weeks, how many store coupons have you redeemed?

- More than 20
- 10 to 20
- Less than 10

HOME HAIR COLORING

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Excellence	<input type="checkbox"/>
<input type="checkbox"/>	Feria	<input type="checkbox"/>
<input type="checkbox"/>	Hydrience	<input type="checkbox"/>
<input type="checkbox"/>	Natural Instincts	<input type="checkbox"/>
<input type="checkbox"/>	Nice 'n Easy	<input type="checkbox"/>
<input type="checkbox"/>	Viva	<input type="checkbox"/>
<input type="checkbox"/>	Preference	<input type="checkbox"/>
<input type="checkbox"/>	Revitalique	<input type="checkbox"/>
<input type="checkbox"/>	Ultress	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

TOOTHPASTE

WE DO NOT USE (Skip to next category)

WHITENING

Does anyone in your household currently use or plan to try a whitening toothpaste?

- Currently use
- Plan to try
- Do not use

SENSITIVE

Has anyone in your household ever purchased sensitive toothpaste?

- Yes No

MENTADENT

Has anyone in your household purchased Mentadent toothpaste?

- No, never bought
- Yes, in the past 12 months
- Yes, we have tried it

BAR SOAPS

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Avon	<input type="checkbox"/>
<input type="checkbox"/>	Basis	<input type="checkbox"/>
<input type="checkbox"/>	Bath & Body Works	<input type="checkbox"/>
<input type="checkbox"/>	Caress	<input type="checkbox"/>
<input type="checkbox"/>	Cetaphil	<input type="checkbox"/>
<input type="checkbox"/>	Clinique	<input type="checkbox"/>
<input type="checkbox"/>	Coast	<input type="checkbox"/>
<input type="checkbox"/>	Dial	<input type="checkbox"/>
<input type="checkbox"/>	Dove	<input type="checkbox"/>
<input type="checkbox"/>	Irish Spring	<input type="checkbox"/>
<input type="checkbox"/>	Ivory - original bar	<input type="checkbox"/>
<input type="checkbox"/>	- Moisture Care	<input type="checkbox"/>
<input type="checkbox"/>	Jergens	<input type="checkbox"/>
<input type="checkbox"/>	Lever 2000	<input type="checkbox"/>
<input type="checkbox"/>	Neutrogena	<input type="checkbox"/>
<input type="checkbox"/>	Oil of Olay	<input type="checkbox"/>
<input type="checkbox"/>	Safeguard	<input type="checkbox"/>
<input type="checkbox"/>	Specialty brands (eg: Crabtree & Evelyn, Gap, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Tone	<input type="checkbox"/>
<input type="checkbox"/>	Zest	<input type="checkbox"/>
<input type="checkbox"/>	Other beauty bars	<input type="checkbox"/>

1) Does the female adult in your household purchase soap or other products made for sensitive skin?

- Yes No

2) How many bars of soap are used in your household in an average month?

- 4 or more 2 bars
- 3 bars 1 or fewer

BODY WASHES & SHOWER GELS

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Avon	<input type="checkbox"/>
<input type="checkbox"/>	Bath & Body Works	<input type="checkbox"/>
<input type="checkbox"/>	Caress	<input type="checkbox"/>
<input type="checkbox"/>	Dial	<input type="checkbox"/>
<input type="checkbox"/>	Dove	<input type="checkbox"/>
<input type="checkbox"/>	Gillette	<input type="checkbox"/>
<input type="checkbox"/>	Herbal Essence	<input type="checkbox"/>
<input type="checkbox"/>	Ivory Moisture Care	<input type="checkbox"/>
<input type="checkbox"/>	Jergens	<input type="checkbox"/>
<input type="checkbox"/>	Lever 2000	<input type="checkbox"/>
<input type="checkbox"/>	Neutrogena	<input type="checkbox"/>
<input type="checkbox"/>	Oil of Olay	<input type="checkbox"/>
<input type="checkbox"/>	Softsoap	<input type="checkbox"/>
<input type="checkbox"/>	Specialty shower gels (eg: Crabtree & Evelyn, Gap, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Tone	<input type="checkbox"/>
<input type="checkbox"/>	Zest	<input type="checkbox"/>
<input type="checkbox"/>	Other body wash or gel	<input type="checkbox"/>

How often is a body wash or shower gel used in your household?

- Daily
- Several times a week
- Once a week
- Less than once a week

BODY & BABY OIL

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used In Past 12 Months
<input type="checkbox"/>	Johnson's Baby Oil	<input type="checkbox"/>
<input type="checkbox"/>	Store brand baby oil	<input type="checkbox"/>
<input type="checkbox"/>	Specialty body oil (eg, Avon, Body Shop, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Other body or baby oil	<input type="checkbox"/>

DENTURES

WE DO NOT WEAR DENTURES (Skip to next category)

Has anyone in your household used a denture adhesive in the past 4 weeks?

- Yes
- No - dentures fit very well
- don't like feel or mess
- other reasons

CANNED CAT FOOD

DO NOT OWN A CAT (Skip to next category)

1) In the past two weeks, how many cans of cat food have you used?

- 19 or more 1 to 6
- 7 to 18 None

2) Have you ever bought Fancy Feast or Friskies canned cat food?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

3) In general, of every 10 cans you feed, how many are Fancy Feast or Friskies?

- | Fancy Feast | Friskies |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Please turn to the next page →

CANNED DOG FOOD

DO NOT OWN A DOG (Skip to next category)

1) In the past two weeks, how many cans of dog food have you used?

11 or more 1 to 5
6 to 10 None

2) Have you ever bought Mighty Dog?

Yes No

3) In general, of every 10 cans you feed, how many are Mighty Dog?

9 or more 1 or 2
6 to 8 None
3 to 5

DO YOU BUY THESE PRODUCTS?

How often do you buy the products listed below? (If you do not buy a product, skip to the next line).

4 or more times a year
3 or fewer times a year

Kraft Macaroni & Cheese
Bausch & Lomb ReNu
IAMS canned cat food
Opti-Free Contact Lens Solution
Resolve carpet cleaner
Secret Antiperspirant
SnackWells
Suave Shampoo/Conditioner
Anti-Bacterial Products (ie. Soap, Hand Sanitizers)

ADULT PAIN RELIEVERS

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Advil
Aleve
Anacin
Bayer
Excedrin
Imitrex
Motrin-IB
Tylenol
Other

How many pain relief tablets are used in your household in an average month?

More than 40 per month
26 to 40
10 to 25
Less than 10 per month

ASTHMA REMEDIES

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Accolate
Aerobid
Albutero/Proventil/Ventolin
Azmecort
Flovent
Pulmicort
Serevent
Singulair
Vanceril or Vanceril DS
Other prescription medication
No prescription medication

Please indicate which member(s) of your household have asthma:

Self
Another adult
Child

FILM

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Fuji
Kodak
Polaroid (35 mm)
Store Brand
Other

TYPE

35mm color print
35mm color slide
Black & white film
Advanced Photo System (APS)
Other

SPEED

400 or higher
100 or 200
Other speed

1) How many rolls of film have been used by all members of your household in the past 12 months?

11 or more
5 to 10
4 or fewer

2) What types of cameras does your household own?

Zoom Non-Zoom
35mm
Advanced Photo System (APS)
Other

COSMETICS

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

MAKE-UP FOUNDATION
Almay
Avon
Cover Girl
Maybelline
Oil of Olay
Revlon - compact
- liquid
Dept. store (eg: Clinique)
Other foundation

LIPSTICK

Cover Girl
Oil of Olay
Long Lasting (4-6 hour) lipstick
- sold in drug stores (eg: Revlon Color Stay)
- sold in dept. stores (eg: Estée Lauder Indelible)
Other lipstick

MASCARA

Cover Girl
Maybelline
Oil of Olay
Other mascara

OTHER COSMETICS

Any nail polish
Any eyeliner or eye shadow

DIETARY FIBER SUPPLEMENTS

WE DO NOT USE (Skip to next category)

On average, how many days per week does anyone in your household use a dietary fiber supplement product?

5 or more days per week
2 to 4 days per week
1 day a week or less

NUTRITION & DIET

1) Does anyone in your household currently plan their diet for any of the following reasons?

To lose weight
To include vitamin supplements
To eat more natural foods
To reduce fat or cholesterol

2) Does anyone in your household choose fat free or low fat foods for any of the following reasons?

To lose weight
To eat healthier but not sacrifice taste
For other reasons

ADULT ALLERGY & SINUS REMEDIES

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Advil Cold & Sinus
Allegra
Allegra - D
Benadryl
Claritin
Claritin - D
Motrin Sinus
Sudafed
Tylenol - Allergy Sinus
- Sinus or Cold
Zyrtec
Other - sinus brands
- allergy (prescription)
- allergy (non-prescription)

How many packages of allergy or sinus remedies does your household purchase in a year?

Allergy Sinus Products Products
5 or more
3 or 4
2 or fewer

ARTHRITIS

WE DO NOT HAVE (Skip to next category)

Which of the following statements do you agree with the most when choosing a non-prescription arthritis medication?

A product's strength is most important
A product's safety is most important

COMMON AILMENTS

1) Does any member of your household have any of the following common ailments?

Arthritis
Asthma
Foot corns
Foot odor or perspiration
Frequent headaches
Migraines
Sensitive teeth
Adult bladder leakage
High blood pressure
Diabetes
- treat with insulin
- treat with oral medication
- treat with diet or exercise

2) Does anyone in your household provide or require bedbathing or bathing assistance?

No
Yes - for next 12 months or less
- for beyond next 12 months

ACID AND GAS RELIEF

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Axid AR
Maalox - liquid
- chewable tablets
Mylanta
Pepcid AC
Prilosec or Prevacid
Tums or Rolaids
Tagamet HB
Zantac 75
Mylanta Gas
Gas X or Phazyme
Store brand
Other

1) How frequently do household members use non-prescription antacid or stomach remedies?

2 to 3 days per week or more
1 day per week
2 to 3 days per month or less

2) How severe is a typical heartburn or indigestion episode?

very severe
somewhat severe
not very severe
not at all severe

DIARRHEA REMEDIES

WE DO NOT HAVE (Skip to next category)

1) How often do members of your household experience diarrhea?

Once a month or more often
Once every 2 to 6 months
Less than once every 6 months

2) To treat diarrhea we use:

WE DO NOT TREAT (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Imodium - A-D
- Advanced
Kapectate
Pepto Bismol (any)
Store brand
Other

BEDWETTING

NO BEDWETTING PROBLEM (Skip to next)

If you have a child aged 4 to 12 who has 2 or more wetting accidents in an average week, what approaches have you tried?

Nothing
GoodNites Disposable Underpants
Other approaches

TAMPONS

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

o.b. - original
- with applicator
Kotex
Playtex - plastic applicator
- cardboard applicator
Tampax
- Originals (blue box)
- Satin Touch (round tip)
- other Tampax
Other

FEMININE PADS

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

THICK MAXIS

- Always with wings
- Always without wings
- Kotex
- Stayfree with wings
- Stayfree without wings
- Other thick maxi

THIN OR ULTRATHIN MAXIS

- Always with wings
- Always without wings
- Kotex
- Stayfree with wings
- Stayfree without wings
- Other thin or ultrathin maxi

FEMININE PANTILINERS

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

- Kotex Lightdays
- Carefree Pantliners
- Always AIdays Pantliners
- Other or store brand liners

1) When do you use pantliners?

- Use only during periods
- Use only between periods
- Both

2) What size of pantliner is used most often in your household?

- Regular length
- Long length

CHOLESTEROL

If anyone in your household suffers from high cholesterol, how do they treat it?

- Through diet or exercise
- Through oral medication
- Other methods
- Do not treat

CHOLESTEROL LOWERING FOODS--

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

- Benecol
- Take Control
- Other

HOME & GARDEN

Please "X" all activities pursued by at least one member of your household:

- Baking
- Cooking - gourmet
- homestyle
- low fat
- other
- Crafts
- Gardening - organic
- flowers
- vegetables
- Home improvement or repair
- Knitting or crocheting
- Needlework
- Quilting
- Sewing
- Woodworking

BLADDER LEAKAGE PROTECTION

WE DO NOT USE (Skip to next category) Our Usual Brand(s) Also Used In Past 12 Months

Feminine Maxi or Liner

- Depend
- Guards for Men
- Undergarments
- Briefs
- Protective Underwear

Poise - Pads

- Serenity - Pads or Guards
- Other Pads or Guards
- Other Undergarments
- Other Briefs
- Other Protective Underwear
- GoodNites Disp. Underpants

If there is a smaller person in your household who requires the use of a bladder control product, how much do they weigh?

- 85 to 125lbs.
- 65 to 84lbs.
- 45 to 64lbs.

SPORTING INTERESTS

Which of the following sports do any members of your household regularly watch or participate in?

- | | Watch | Participate |
|---|-------|-------------|
| Baseball <input type="checkbox"/> <input type="checkbox"/> | | |
| Basketball <input type="checkbox"/> <input type="checkbox"/> | | |
| Fishing <input type="checkbox"/> <input type="checkbox"/> | | |
| Fitness or exercise <input type="checkbox"/> <input type="checkbox"/> | | |
| Football <input type="checkbox"/> <input type="checkbox"/> | | |
| Golf <input type="checkbox"/> <input type="checkbox"/> | | |
| Hockey <input type="checkbox"/> <input type="checkbox"/> | | |
| Hunting <input type="checkbox"/> <input type="checkbox"/> | | |
| Scuba diving <input type="checkbox"/> <input type="checkbox"/> | | |
| Snow skiing <input type="checkbox"/> <input type="checkbox"/> | | |
| Walking <input type="checkbox"/> <input type="checkbox"/> | | |
| Other sports <input type="checkbox"/> <input type="checkbox"/> | | |

READING

1) What types of books or magazines do you or other household members read?

- | | Books | Magazines |
|--|-------|-----------|
| Art <input type="checkbox"/> <input type="checkbox"/> | | |
| Astrology <input type="checkbox"/> <input type="checkbox"/> | | |
| Best selling fiction <input type="checkbox"/> <input type="checkbox"/> | | |
| Bible or devotional <input type="checkbox"/> <input type="checkbox"/> | | |
| Children's <input type="checkbox"/> <input type="checkbox"/> | | |
| Computer <input type="checkbox"/> <input type="checkbox"/> | | |
| Cooking or culinary <input type="checkbox"/> <input type="checkbox"/> | | |
| Country lifestyle <input type="checkbox"/> <input type="checkbox"/> | | |
| Fashion <input type="checkbox"/> <input type="checkbox"/> | | |
| History <input type="checkbox"/> <input type="checkbox"/> | | |
| Interior decorating <input type="checkbox"/> <input type="checkbox"/> | | |
| Medical and health <input type="checkbox"/> <input type="checkbox"/> | | |
| Military <input type="checkbox"/> <input type="checkbox"/> | | |
| Mystery <input type="checkbox"/> <input type="checkbox"/> | | |
| Natural health remedies <input type="checkbox"/> <input type="checkbox"/> | | |
| People and entertainment <input type="checkbox"/> <input type="checkbox"/> | | |
| Romance <input type="checkbox"/> <input type="checkbox"/> | | |
| Science and technology <input type="checkbox"/> <input type="checkbox"/> | | |
| Science fiction <input type="checkbox"/> <input type="checkbox"/> | | |
| Sports <input type="checkbox"/> <input type="checkbox"/> | | |
| World news or politics <input type="checkbox"/> <input type="checkbox"/> | | |

2) Does anyone in your household listen to books on tape?

- Yes No

MUSIC PREFERENCES

Which types of music do members of your household enjoy?

- | | You | Others in household |
|--|-----|---------------------|
| Alternative <input type="checkbox"/> <input type="checkbox"/> | | |
| Big band or swing <input type="checkbox"/> <input type="checkbox"/> | | |
| Christian or gospel <input type="checkbox"/> <input type="checkbox"/> | | |
| Classical <input type="checkbox"/> <input type="checkbox"/> | | |
| Country <input type="checkbox"/> <input type="checkbox"/> | | |
| Easy listening <input type="checkbox"/> <input type="checkbox"/> | | |
| Hard rock or heavy metal <input type="checkbox"/> <input type="checkbox"/> | | |
| Jazz <input type="checkbox"/> <input type="checkbox"/> | | |
| Rhythm and blues <input type="checkbox"/> <input type="checkbox"/> | | |
| Rock 'n roll <input type="checkbox"/> <input type="checkbox"/> | | |
| Other <input type="checkbox"/> <input type="checkbox"/> | | |

HOBBIES & INTERESTS

Please "X" all hobbies and interests actively pursued by at least one member of your household:

- Bird watching
- Camping or hiking
- Cars or car repair
- Casino gambling
- Cigar smoking
- Home study courses
- Self improvement courses
- Sweepstakes
- Theater or performing arts
- Wine appreciation

HOME & LEISURE

Please indicate the items your household already owns, or is planning to buy in the next 12 months:

- | | Already Own | Plan to Buy |
|---|-------------|-------------|
| Automatic dishwasher <input type="checkbox"/> <input type="checkbox"/> | | |
| Cellular phone <input type="checkbox"/> <input type="checkbox"/> | | |
| Compact disc player <input type="checkbox"/> <input type="checkbox"/> | | |
| Horse <input type="checkbox"/> <input type="checkbox"/> | | |
| Recreational vehicle (RV) <input type="checkbox"/> <input type="checkbox"/> | | |

COLLECTIBLES

Please "X" any of the following items actively collected by at least one member of your household:

- Coins Plates
- Dolls Stamps
- Figurines Teddy bears
- Fine art Other
- Sports memorabilia

OCCUPATION

Please indicate the occupation and employment status of the male and female heads of your household:

- | | Male | Female |
|---|------|--------|
| Full-time homemaker <input type="checkbox"/> <input type="checkbox"/> | | |
| Management <input type="checkbox"/> <input type="checkbox"/> | | |
| Professional or technical <input type="checkbox"/> <input type="checkbox"/> | | |
| Sales or marketing <input type="checkbox"/> <input type="checkbox"/> | | |
| Tradesman or laborer <input type="checkbox"/> <input type="checkbox"/> | | |
| Other <input type="checkbox"/> <input type="checkbox"/> | | |

EMPLOYMENT STATUS

- Full-time
- Part-time
- Retired
- Self employed
- Not employed

SOCIAL CONCERNS

What types of causes do members of your household support financially?

- Animal welfare
- Environment or wildlife
- Political - conservative
- liberal
- Arts or cultural Religious
- Children's Veteran's
- Health Other

MAIL ORDER PURCHASES

Have you purchased any of the following products through the mail in the past 6 months?

- | | 1 or 2 times | 3 times or more |
|---|--------------|-----------------|
| Apparel or clothing <input type="checkbox"/> <input type="checkbox"/> | | |
| Books <input type="checkbox"/> <input type="checkbox"/> | | |
| Children's products <input type="checkbox"/> <input type="checkbox"/> | | |
| Cosmetics <input type="checkbox"/> <input type="checkbox"/> | | |
| Fashion accessories <input type="checkbox"/> <input type="checkbox"/> | | |
| Food products <input type="checkbox"/> <input type="checkbox"/> | | |
| Gardening supplies <input type="checkbox"/> <input type="checkbox"/> | | |
| Gifts <input type="checkbox"/> <input type="checkbox"/> | | |
| Home furnishings <input type="checkbox"/> <input type="checkbox"/> | | |
| Jewelry <input type="checkbox"/> <input type="checkbox"/> | | |
| Magazines <input type="checkbox"/> <input type="checkbox"/> | | |
| Video tapes <input type="checkbox"/> <input type="checkbox"/> | | |
| All other products <input type="checkbox"/> <input type="checkbox"/> | | |

TRAVEL

1) How often do you or your household members travel?

- | | Business Trips | Personal Trips |
|--|----------------|----------------|
| Once per month or more <input type="checkbox"/> <input type="checkbox"/> | | |
| Once every 2 to 4 months <input type="checkbox"/> <input type="checkbox"/> | | |
| Once or twice per year <input type="checkbox"/> <input type="checkbox"/> | | |
| Less often than that <input type="checkbox"/> <input type="checkbox"/> | | |

2) Where do you or they travel?

- USA
- Canada
- Caribbean or Mexico
- Europe or UK
- Other foreign

3) Have you or other household members taken cruise vacations or would you enjoy taking them?

- Have taken Would enjoy

AUTOMOBILE INSURANCE

WE DO NOT OWN A CAR (Skip to next category)

1) What company do you use for your automobile insurance?

- AAA Nationwide
- Allstate Progressive
- American Family Prudential
- Farmers State Farm
- GEICO USAA
- Liberty Mutual Other

2) In what month do you renew your policy?

- January July
- February August
- March September
- April October
- May November
- June December

Please turn to the next page →

CIGARETTES (ADULTS ONLY - 21 OR OLDER)

NO ADULTS SMOKE CIGARETTES (Skip to next category)

1st Adult Smoker

Is your usual brand: (check one in each section)

- Flavor: Non-Menthol Menthol
- Length: Regular Long / 100s Extra Long / 120s
- Type: Full Flavor Lights Ultra

How do you usually purchase cigarettes? (check only one)

- By the pack By the carton

Name of your usual brand of cigarettes?

Out of your last 10 purchases, how many were for your usual brand?

Enter a number from 0 to 10

What is your 2nd choice brand (if any)? (If no second choice brand, write "NONE" below)

2nd Adult Smoker

Is your usual brand: (check one in each section)

- Flavor: Non-Menthol Menthol
- Length: Regular Long / 100s Extra Long / 120s
- Type: Full Flavor Lights Ultra

How do you usually purchase cigarettes? (check only one)

- By the pack By the carton

Name of your usual brand of cigarettes?

Out of your last 10 purchases, how many were for your usual brand?

Enter a number from 0 to 10

What is your 2nd choice brand (if any)? (If no second choice brand, write "NONE" below)

If you are 21 or older and would like to receive coupons, free cigarettes, offers and premiums that may be sent in the mail, please complete all sections below.

PLEASE PRINT

First name _____

Last name _____

Gender Male Female

Birth date required

Month Day Year

I want to receive coupons, free cigarettes, offers and premiums, that may be sent to me in the mail. I certify that I am 21 years of age or older, and that I currently smoke cigarettes. I understand that giving false information in order to accept these offers may constitute a violation of law.

Signature - 1st Adult Smoker

x _____
(First and last name required)

PLEASE PRINT

First name _____

Last name _____

Gender Male Female

Birth date required

Month Day Year

Signature - 2nd Adult Smoker

x _____
(First and last name required)

GENERAL INFORMATION

In order for manufacturers to truly understand what consumers want, it is important for them to know more than simply how much of a product is sold. They need to have a clear picture of who is buying and why they are buying. This survey can help.

The following questions are being asked as a means to place you and your family into sub-groups. This makes it easier for us to understand your preferences and attitudes.

If you are uncomfortable for any reason with answering any of the following questions, please feel free to leave them blank. I would much rather have your survey returned to me without these facts, than not receive your survey at all.

1) How many people, including yourself, are in your household?

- One Two Three Four Five Six or more

2) What are the ages of your household members? ("X" all that apply)

INFANTS Male Female

- 0 - 2 months
- 3 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 24 months

CHILDREN Male Female

- 2 - 4 years
- 5 - 8 years
- 9 - 12 years
- 13 - 15 years
- 16 - 17 years

ADULTS Male Female

- 18 - 20 years
- 21 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 49 years
- 50 - 54 years
- 55 - 59 years
- 60 - 64 years
- 65 - 69 years
- 70 years or over

3) If you have grandchildren age 12 or under, how old are they?

- Male Female
- 0 - 4 years
- 5 - 12 years

4) What is your marital status?

- Married
- Single or equivalent
- Other

5) Do you have cat(s) or dog(s)?

- Cat(s) Dog(s)

6) Is there a veteran living in your household?

- Yes No

7) Does anyone in your household operate a business from your home?

- Yes No

8) What was the combined income for all members of your household in 1999 (before tax)?

- Prefer not to answer
- Less than \$25,000
- \$25,000 to \$35,000
- \$35,000 to \$50,000
- \$50,000 to \$75,000
- Over \$75,000

9) I would like to receive further mailings and offers that would be of interest to me.

- Yes No

Thank you for taking the time to complete this questionnaire. I hope you found it interesting.

One last thing — please PRINT your name and mailing address below. Contest and coupon deadline is May 20, 2000.

Please allow 12 weeks for delivery of the coupons. If you are moving in the next 12 weeks, write in your NEW mailing address only.

Best Regards

Mr. Mrs. Miss Ms

PLEASE PRINT

NAME: _____
FIRST NAME LAST NAME

MAILING ADDRESS: _____

CITY / TOWN STATE

ZIP CODE: -

(OPTIONAL)

31-EU-4L11

© Shopper's Voice, 1200 William Street, Box 1382, Buffalo, New York 14240-1382

COMPUTERS

1) Please indicate the items your household already owns or is planning to buy in the next 12 months:

- | | | |
|-------------------------|--------------------------|--------------------------|
| | Already Own | Plan to Buy |
| IBM or compatible | <input type="checkbox"/> | <input type="checkbox"/> |
| Macintosh or compatible | <input type="checkbox"/> | <input type="checkbox"/> |
| Other computer | <input type="checkbox"/> | <input type="checkbox"/> |
| CD-ROM | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet service | <input type="checkbox"/> | <input type="checkbox"/> |
| Modem | <input type="checkbox"/> | <input type="checkbox"/> |

2) Is your home computer used frequently for any of the following?

- Education or school work
- Entertainment or games
- Purchasing products online

TYPES OF INVESTMENT

Which of the following investments does your household currently own or plan to buy in the next 12 months?

- | | | |
|-------------------|--------------------------|--------------------------|
| | Currently Own | Plan to Buy |
| Life insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Mutual funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Stocks or bonds | <input type="checkbox"/> | <input type="checkbox"/> |
| Other investments | <input type="checkbox"/> | <input type="checkbox"/> |

HOUSING

1) What type of dwelling do you live in?

- | | | |
|-----------------------|--------------------------|--------------------------|
| | Own | Rent |
| Apartment or condo | <input type="checkbox"/> | <input type="checkbox"/> |
| House - single family | <input type="checkbox"/> | <input type="checkbox"/> |
| Other type | <input type="checkbox"/> | <input type="checkbox"/> |

2) How long since you last moved to a new address?

- Less than 12 months
- 1 to 10 years
- More than 10 years

3) If you plan to move in the next 12 months, when will you move?

- In the next 3 months
- In 4 to 6 months
- In 7 to 12 months

CREDIT CARDS

WE DO NOT USE (Skip to next category)

Does your household regularly use any of the following credit cards?

- | | | |
|--------------------|--------------------------|--------------------------|
| | Premium | Regular |
| American Express | <input type="checkbox"/> | <input type="checkbox"/> |
| Discover | <input type="checkbox"/> | <input type="checkbox"/> |
| VISA or MasterCard | <input type="checkbox"/> | <input type="checkbox"/> |
| Other credit cards | <input type="checkbox"/> | <input type="checkbox"/> |

SHARP PRODUCT INFORMATION CARD • MICROWAVE OVENS

IMPORTANT! IMPORTANT!

PLEASE COMPLETE AND RETURN WITHIN THE NEXT 10 DAYS
 We will keep your model number, serial number and date of purchase on file, and help you access that information in case of loss, damage or theft. This will also enable us to contact you in the unlikely event that any adjustments or modifications are ever required for your oven. **THANK YOU!**

MODEL #	SERIAL #
R-310CW	48681

E1Z01-01

1. Mr. Mrs. Ms. Miss
 First Name Initial Last Name
- Street _____ Apt. No. _____
 City _____ State _____ ZIP Code _____
2. Date of purchase: _____
 Month Day Year
3. Telephone number: _____
4. Please check where purchased:
 01. Received as a gift 06. Catalog showroom
 02. Department store 07. Hardware store
 03. Discount store 08. Mail order
 04. Major TV/Appliance chain 09. Furniture store
 05. Local TV/Appliance store 10. Warehouse club
 11. Other
5. Retail price paid, before tax: \$ _____
6. Is this new Microwave Oven a:
 1. First-time purchase 3. Additional purchase
 2. Replacement purchase
7. Please indicate where this product will be used:
 1. Kitchen 5. RV, boat, etc.
 2. Family room 6. Student dormitory
 3. Dining room 7. Office
 4. Second home 8. Other
8. Please check the three reasons which most influenced your selection of this product: (check only 3)
 01. Size/Dimension 07. Value for price
 02. Style/Appearance 08. Sharp reputation
 03. Carousel turntable 09. Simple to use
 04. Best features 10. Magazine article/
 05. Salesperson Test report
 06. Friend/Relative 11. Other
9. Which two product features were most important in your selection: (check only 2)
 01. Ease of operation 07. Instant Action
 02. Popcorn sensor/setting 08. Can be built in
 03. Carousel turntable 09. Color
 04. Sensor reheat/cooking 10. Outside dimensions
 05. Browning/Baking 11. Output wattage
 06. CompuCook/Defrost 12. Other
10. Where will you place this Microwave Oven?
 1. Kitchen counter 4. Over the range
 2. Cart or table 5. Other
 3. Built into wall
11. How many people currently reside in your household?
 1. One 3. Three 5. Five
 2. Two 4. Four 6. Six or more
12. Your date of birth: _____ 19____
 Month Year
13. Marital status: 1. Married 2. Single
14. Occupation:

	You	Spouse
Homemaker.....	<input type="checkbox"/>	1. <input type="checkbox"/>
Professional/Technical.....	<input type="checkbox"/>	2. <input type="checkbox"/>
Executive/Administrator.....	<input type="checkbox"/>	3. <input type="checkbox"/>
Middle Management.....	<input type="checkbox"/>	4. <input type="checkbox"/>
Sales/Marketing.....	<input type="checkbox"/>	5. <input type="checkbox"/>
Clerical or Service Worker.....	<input type="checkbox"/>	6. <input type="checkbox"/>
Tradesman/Machine Oper./Laborer...	<input type="checkbox"/>	7. <input type="checkbox"/>
Retired.....	<input type="checkbox"/>	8. <input type="checkbox"/>
Student.....	<input type="checkbox"/>	9. <input type="checkbox"/>
Self Employed/Business Owner.....	<input type="checkbox"/>	10. <input type="checkbox"/>
15. Not including yourself, what is the GENDER and AGE (in years) of children and other adults living in your household?

1. <input type="checkbox"/> No one else in household	2. <input type="checkbox"/> Child under 1 yr.
Male Female Age	Male Female Age
1. <input type="checkbox"/> 2. <input type="checkbox"/> _____ yrs.	1. <input type="checkbox"/> 2. <input type="checkbox"/> _____ yrs.
1. <input type="checkbox"/> 2. <input type="checkbox"/> _____ yrs.	1. <input type="checkbox"/> 2. <input type="checkbox"/> _____ yrs.
16. Which group describes your annual family income?
 1. Under \$15,000 6. \$50,000-\$59,999
 2. \$15,000-\$19,999 7. \$60,000-\$74,999
 3. \$20,000-\$29,999 8. \$75,000-\$99,999
 4. \$30,000-\$39,999 9. \$100,000-\$149,999
 5. \$40,000-\$49,999 10. \$150,000 & over
17. Which of the following do you use regularly?
 1. American Express, Diners Club, Carte Blanche
 2. Bank credit card (MasterCard, Visa)
 3. Gas, Dept. store, etc. credit card(s)
 4. Airline club/frequent flyer program
 5. None of the above
18. For your primary residence, do you:
 1. Own a house?
 2. Rent a house?
 3. Rent an apartment?
 4. Own a townhouse or condominium?

PLEASE DO NOT SEND ANY PRODUCT
OR CORRESPONDENCE



First-Class
Postage
Required
Post Office will
not deliver
without proper
postage.

SHARP.

SHARP ELECTRONICS CORPORATION
P O BOX 171098
DENVER CO 80217-1098

E 1 Z 0 1 - 0 1



Please fold here.

19. To help us understand our customers' lifestyles, please indicate the interests and activities in which you or your spouse enjoy participating on a regular basis.

- | | | |
|--|---|--|
| 01. <input type="checkbox"/> Bicycling | 18. <input type="checkbox"/> Home Decorating/Furnishing | 35. <input type="checkbox"/> Wines |
| 02. <input type="checkbox"/> Golf | 19. <input type="checkbox"/> Home Workshop/Do-It-Yourself | 36. <input type="checkbox"/> Coin/Stamp Collecting |
| 03. <input type="checkbox"/> Physical Fitness/Exercise | 20. <input type="checkbox"/> Automotive Work | 37. <input type="checkbox"/> Collectibles/Collections |
| 04. <input type="checkbox"/> Running/Jogging | 21. <input type="checkbox"/> Electronics | 38. <input type="checkbox"/> Real Estate Investments |
| 05. <input type="checkbox"/> Snow Skiing | 22. <input type="checkbox"/> Recreational Vehicles | 39. <input type="checkbox"/> Stock/Bond Investments |
| 06. <input type="checkbox"/> Camping/Hiking | 23. <input type="checkbox"/> Listen to Records/Tapes/CDs | 40. <input type="checkbox"/> Moneymaking Opportunities |
| 07. <input type="checkbox"/> Fishing | 24. <input type="checkbox"/> Avid Book Reading | 41. <input type="checkbox"/> Entering Sweepstakes |
| 08. <input type="checkbox"/> Hunting/Shooting | 25. <input type="checkbox"/> Bible/Devotional Reading | 42. <input type="checkbox"/> Wildlife/Environmental Issues |
| 09. <input type="checkbox"/> Power Boating | 26. <input type="checkbox"/> Health/Natural Foods | 43. <input type="checkbox"/> Watching Sports on TV |
| 10. <input type="checkbox"/> Sailing | 27. <input type="checkbox"/> Self-Improvement | 44. <input type="checkbox"/> Home Video Recording |
| 11. <input type="checkbox"/> Motorcycles | 28. <input type="checkbox"/> Photography | 45. <input type="checkbox"/> Community/Civic Activities |
| 12. <input type="checkbox"/> Gardening | 29. <input type="checkbox"/> Attending Cultural/Arts Events | 46. <input type="checkbox"/> Science/New Technology |
| 13. <input type="checkbox"/> Grandchildren | 30. <input type="checkbox"/> Fine Art/Antiques | 47. <input type="checkbox"/> Our Nation's Heritage |
| 14. <input type="checkbox"/> Fashion Clothing | 31. <input type="checkbox"/> Foreign Travel | 48. <input type="checkbox"/> Casino Gambling |
| 15. <input type="checkbox"/> Needlework/Knitting | 32. <input type="checkbox"/> Travel in USA | 49. <input type="checkbox"/> Household Pets |
| 16. <input type="checkbox"/> Sewing | 33. <input type="checkbox"/> Cruise Ship Vacations | 50. <input type="checkbox"/> Personal/Home Computers |
| 17. <input type="checkbox"/> Crafts | 34. <input type="checkbox"/> Gourmet Cooking/Fine Foods | 51. <input type="checkbox"/> Use a CD-ROM |

20. From the above list, please indicate the numbers representing the 3 most important activities for:

You Spouse

Thanks for taking the time to fill out this questionnaire. Your answers will be used for market research studies and reports. They will also allow you to receive important mailings and special offers from a number of fine companies whose products and services relate directly to the specific interests, hobbies, and other information indicated above. Through this selective program, you will be able to obtain more information about activities in which you are involved and less about those in which you are not. Please check here if, for some reason, you would prefer not to participate in this opportunity.

If you have questions about our products, please call the Sharp Customer Assistance Center:
1-800-BE-SHARP

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Please seal with tape. Do not staple.

D

RETURN THIS CARD TODAY AND RECEIVE THESE TWO IMPORTANT BENEFITS:



WARRANTY CONFIRMATION

Your prompt product registration confirms your right to the SL Waber Power Protection Promise available under the terms and conditions of your SL Waber warranty.



CONNECTED EQUIPMENT GUARANTEE

To qualify for the SL Waber Connected Equipment Guarantee you must complete the attached product registration card. (Please refer to the enclosed information sheet for the details of this guarantee.)

DETACH HERE BEFORE MAILING

IMPORTANT! PLEASE COMPLETE AND RETURN WITHIN 10 DAYS



- 1. Mr. 2. Mrs. 3. Ms. 4. Miss

First Name: _____ Initial: _____ Last Name: _____ 179 A

Address: (Number and Street) _____ Apt. #: _____

City: _____ State: _____ Zip: _____

- 2. Phone #: _____

- 3. UPC #: _____

8 7 0 6 7 - _____

- 4. Purchase Price: \$ _____ .00
(excluding sales tax)



(last 6 digits of UPC bar code located on product carton)

- 5. Date of Purchase: _____
Month Day Year

- 6. Store Name: _____

- 7. Check the two (2) most important reasons influencing your purchase of this SL Waber product.

- 1. Received as a gift 5. Style/appearance 9. Recommendation of friend/family
- 2. Special offer 6. Quality/durability 10. Recommendation of salesperson
- 3. Ease of operation 7. SL Waber® reputation 11. Saw in magazine/catalog
- 4. Product features 8. Value for price 12. Prior experience with SL Waber®

- 8. What type of equipment will you use with this product? (Check all that apply)

- 1. Fax 6. Printer
- 2. Modem 7. Appliance
- 3. Computer 8. Telephone
- 4. Stereo system 9. CD player
- 5. Television 10. Other

- 16. For your primary residence, do you:

- 1. Own 2. Rent

- 17. Date of Your birth: _____
Month Day Year

- 9. Do you currently own any other SL Waber® products? 1. Yes 2. No

- 18. Which best describes your family income?

- 1. Under \$15,000 5. \$50,000-\$74,999
- 2. \$15,000-\$24,999 6. \$75,000-\$99,999
- 3. \$25,000-\$34,999 7. \$100,000-\$149,999
- 4. \$35,000-\$49,999 8. Over \$150,000

- 10. How did you first become aware of this SL Waber product? (Select ONLY ONE)

- 1. Received as a gift
- 2. Newspaper/flyer
- 3. Saw product in store
- 4. Magazine advertisement
- 5. In-store demo
- 6. Consumer magazine article
- 7. Recommendation of friend/family
- 8. Other

- 19. Education (Please check which category applies):

- 1. High School 3. Completed College
- 2. Some College 4. Graduate School

- 20. Including yourself, what is the total number of people living in your household?
_____ (Examples: 01, 02, 03, 04...)

- 11. If you bought this product yourself, did you plan to purchase this type of product before going into the store?

- 1. Yes 2. No

- 21. NOT including yourself, what are the AGES of the other people living in your household?

Age (in years)

Male: _____

Female: _____

- 12. If yes, did you plan to purchase a specific brand?

- 1. Yes 2. No

- 13. If yes, was that brand SL Waber®?

- 1. Yes 2. No

- 22. Your marital status: 1. Married 2. Single

- 14. If no, what other brands did you consider?

- 1. APC 4. Surge Master
- 2. Curtis 5. Tripplite
- 3. Belkin 6. Other

- 23. In the last six (6) months have you or your spouse:

- 1. Purchased clothes through the mail?
- 2. Purchased gifts through the mail?
- 3. Worked in your garden?
- 4. Traveled on vacation?
- 5. Purchased a PC or PC software?
- 6. Purchased two or more books?
- 7. Purchased cassettes/CDs?
- 8. Donated to wildlife/environmental causes?
- 9. Donated to charities?

- 15. Is this SL Waber® product:

- 1. your first product of this type
- 2. a replacement for an SL Waber® product
- 3. a replacement for another brand
- 4. an additional purchase

Thanks for filling out this questionnaire. Your answers are important to us. Please check here [] if you do not wish to learn more about SL Waber or obtain information on new and interesting opportunities.

P-N 13125165
KXA940000B

Power Protection Promise

Limited Warranty: THIS WARRANTY CONTAINS THE SOLE EXPRESS WARRANTY OF SL WABER®, AND SL WABER® MAKES NO OTHER WARRANTIES, EXPRESSED OR IMPLIED. THIS WARRANTY IS MADE IN LIEU OF ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE. This warranty gives you specific legal rights. You may also have rights which vary from state to state.

Limit of Liability: IN NO EVENT WILL SL WABER® BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES WHATSOEVER. Some states do not allow the exclusion or limitation of indirect, incidental, special or consequential damages under certain circumstances so the above limitation or exclusion may not apply to you. This warranty is secondary to any existing coverage of any connected electronic equipment "Connected Equipment", including, but not limited to, any manufacturer's warranty, extended warranties, or insurance coverage.

Owner's Registration: The Owner's Registration Card must be completed and returned to SL Waber within ten (10) days of purchase. Retain your original purchase sales receipt and this Warranty as they will be required to process any claims.

Here's How the SL WABER® Power Protection Promise Works

- I. **5 Year Product Warranty:** SL WABER® warrants to the original purchaser of this transient voltage surge suppressor that the product be free from defects in materials and workmanship under normal use and service for up to 5 years from original purchase. This warranty does not apply to any unit that has been subject to improper installation, unauthorized repair or alteration.
What To Do If You Have A Problem: First call SL WABER® at 800-638-9098 for return authorization number. Under no circumstances will a returned product be accepted without a return authorization number. Ship the defective product postage prepaid to SL WABER® along with a letter outlining the problem. Upon review, SL WABER®, at its option, will repair or replace the defective product with one of similar design.
- II. **Connected Equipment Guarantee:** SL WABER® warrants to the original purchaser, for up to 5 years from original purchase of this transient voltage surge suppressor that any Connected Equipment, exclusive of data and software, which is properly connected to this transient voltage surge suppressor and then is damaged during the indicated warranty period by an induced transient voltage surge/spike on the AC power line, telephone line, or coax line that enters the Connected Equipment through this transient voltage surge suppressor after it has been properly installed, will be reimbursed the lower of the (a) Connected Equipment repair estimate; (b) purchase price of equipment comparable (as determined by SL Waber) to Connected Equipment; or (c) original purchase price of Connected Equipment, at SL WABER®'s option, up to \$1,000.
- III. **Proper Installation and Connection:** This transient voltage surge suppressor must be plugged directly into a properly wired and grounded AC outlet; no extension cords, adapters, other ground wires or electrical connections may be used to connect this transient voltage surge suppressor to AC power. The wiring in the building must comply with all applicable codes (NEC, CSA, etc.), and all wires leading into the Connected Equipment, including telephone and coax, must pass through the SL WABER® transient voltage surge suppressor. To claim damage as a result of telephone line transients, the Connected Equipment must be properly connected to an SL WABER® transient voltage surge suppressor which offers telephone line protection, and your telephone service equipment must include a properly installed and operating "primary protection" device at the service entrance. (Such devices are normally available from the phone company, to be added during telephone line installation.) To claim damage as a result of coaxial line transients, the Connected Equipment must be properly connected to the SL Waber transient voltage surge suppressor which offers coaxial line protection.

What To Do If You Have A Claim:

- * First, call SL WABER® at 800-638-9098 for a Claim Authorization number. Under no circumstances will a returned product be accepted without a Claim Authorization number.
- * Ship the failed transient voltage surge suppressor postage prepaid to SL WABER® for verification of surge damage.
- * Include a letter explaining how the damage was sustained to the Connected Equipment plugged into the transient voltage surge suppressor and the date of occurrence. All claims must be made within (7) seven days of the occurrence and any further inquires on this claim must be made in writing.
- * Include your Original Purchase Sales Receipt and a copy of this Warranty as they are required to process your claim.
- * Have your surge-related, damaged Connected Equipment inspected by an authorized service center as defined by the manufacturer. Send SL WABER® the original authorized service center repair estimate documenting the cost for repair of the Connected Equipment and reasons to prove that the Connected Equipment damage was surge-induced.
- * If SL Waber determines that the SL Waber transient voltage surge suppressor was damaged by a surge or AC line transient and the damage to the Connected Equipment was caused by the performance failure of the transient voltage surge suppressor, the claim up to \$1,000.00 will be deemed valid. No claim will be processed unless it has been approved in writing by SL Waber prior to repair or replacement. You will be notified within 8 weeks of the status of your claim.

NOTE: SL WABER® reserves the right to inspect the damaged Connected Equipment, parts, or circuit boards as well as the original purchaser's facility (at SL WABER®'s expense). Damaged parts must be available for inspection until the claim is finalized. If the claimant is a dealer and replacement of Connected Equipment is selected, SL WABER® will reimburse dealer costs of equipment, not list price. SL WABER® will not reimburse repair bills exceeding current replacement value of Connected Equipment. Whenever claims are settled SL WABER® reserves the right to be subrogated under any insurance policies of the claimant. SL Waber will process your claim one time as defined above. No additions or changes to this processed claim will be accepted.

What This Warranty Does Not Cover: This warranty does not apply to any equipment that has input or output connections to other equipment, device or machinery not protected by this transient voltage surge suppressor or that has been subject to unauthorized repair or alteration. • All above warranties are null and void if the SL WABER® transient voltage surge suppressor has been improperly installed, tampered with or altered in any way, or if the Connected Equipment was not used under normal operating conditions in accordance with any labels or instructions. These warranties do not include damage resulting from accident or misuse, failure to follow instructions, or any repairs other than by a SL Waber authorized service facility or a direct lightning strike. These warranties specifically do not cover sustained over-voltages (longer than 500 microseconds). • Except as provided, in no event will SL WABER® be liable for direct, indirect, special, incidental or consequential damages arising out of the use of this product, even if advised of the possibility of such damage. Specifically SL WABER® is not liable for any costs, such as lost profits or revenue, loss of equipment, loss of software or data, costs of substitutes, cosmetic damage, transportation, shipping or insurance costs, or costs of product or Connected Equipment removal, installation, set-up service adjustment, or reinstallation, claims by other parties, or otherwise. THESE WARRANTIES DO NOT COVER ANY DAMAGE TO PROPERLY CONNECTED EQUIPMENT RESULTING FROM A CAUSE OTHER THAN AN INDUCED TRANSIENT VOLTAGE SURGE/SPIKE ON THE A/C POWER LINE, TELEPHONE LINE OR COAX LINE. THE CONNECTED EQUIPMENT GUARANTEE LIMITED WARRANTY FOR THIS SL WABER® TRANSIENT VOLTAGE SURGE SUPPRESSOR IS NOT TRANSFERABLE FROM THE ORIGINAL SYSTEM OF REGISTRATION TO ANOTHER. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. These warranties give you specific legal rights, and you may also have other rights which vary from state to state. VALID IN U.S.A. and CANADA ONLY.

Connected Equipment (List Brand and Model):

La promesa de protección de potencia de SL WABER

Garantía limitada: ESTA GARANTÍA ES LA ÚNICA GARANTÍA EXPLÍCITA DE SL WABER, Y SL WABER NO OFRECE NINGUNA OTRA GARANTÍA, EXPLÍCITA NI IMPLÍCITA. ESTA GARANTÍA SE OFRECE EN LUGAR DE CUALQUIER OTRA GARANTÍA IMPLÍCITA DE MERCANTILIZACIÓN O DE PERTINENCIA PARA UN PROPÓSITO EN PARTICULAR. Esta garantía le confiere derechos legales específicos. Tal vez usted tenga otros derechos que pueden variar de un estado a otro.

Límite de responsabilidad: EN NINGÚN CASO SERÁ SL WABER RESPONSABLE DE DAÑO ALGUNO INDIRECTO, INCIDENTAL, ESPECIAL O CONSIGUIENTE. Algunos estados no permiten la exclusión ni limitación de daños indirectos, incidentales, especiales o consiguientes, bajo ciertas circunstancias, de modo que la limitación o exclusión arriba mencionada tal vez no se aplique en su caso. Esta garantía es secundaria a cualquier cobertura existente sobre los cualesquier equipos electrónicos conectados, los "Equipos Conectados", incluso, pero sin limitarse a cualquier garantía del fabricante, garantías prorrogadas o cobertura de seguro. **Registro del dueño:** La tarjeta de registro del dueño deberá llenarse y devolverse a SL Waber dentro de los diez (10) días después de la adquisición. Conserve su recibo de compra original y esta garantía, ya que los necesitará para procesar cualquier reclamación.

Cómo funciona la promesa de protección de potencia de SL WABER

- I. **Garantía de cinco años sobre productos:** SL WABER garantiza al comprador original de este supresor de sobrecargas pasajeras que el producto estará libre de defectos en materiales y mano de obra bajo uso y servicio normales hasta cinco años después de la compra original. Esta garantía no se aplica a cualquier unidad sometida a instalación indebida, reparación o alteración no autorizada. SL WABER también reparará o reemplazará, a su opción, cualquier este supresor de sobrecargas pasajeras estándar que haya sufrido daños por una sobrecarga debida a un relámpago o a un sobrevoltaje. **Que debe hacer si tiene un problema:** Primero, llame a SL WABER al teléfono 800-638-9098 para obtener una autorización de devolución. Bajo ninguna circunstancia podrá aceptarse un producto sin un número de autorización de devolución. Envíe el producto defectuoso, con franqueo prepago, a SL WABER, acompañado de una carta en la cual se explica el problema. Después de examinarlo, SL WABER podrá, a su opción, reparar o reemplazar el producto defectuoso con uno de diseño similar.
- II. **Garantía de equipo conectado:** SL WABER garantiza al comprador original de este supresor de sobrecargas pasajeras, por un período de hasta 5 años, que cualquier equipo conectado y con la exclusión de datos y software, mientras estuviesen debidamente conectados a este supresor de sobrecargas pasajeras, y que, posteriormente, se dañe durante el periodo de garantía indicado debido a una sobrecarga/pico de voltaje pasajero inducido proveniente de la línea de alimentación de CA, línea telefónica o línea coaxial que entre en el equipo conectado a través de este supresor de sobrecargas pasajeras, después de su instalación apropiada, que se le reembolsará la suma que sea menor entre (a) el costo estimado de la reparación del Equipo Conectado; (b) el precio de compra de un equipo comparable (según determine SL Waber) al Equipo conectado; o (c) el precio de compra original del Equipo Conectado, a opción de SL WABER®, hasta un total de \$1,000.
- III. **Instalación y conexión apropiadas:** Este supresor de sobrecargas pasajeras debe enchufarse directamente en un receptáculo de CA conectado a la red y a tierra de modo apropiado; no se pueden usar cables de extensión, adaptadores, otros cables a tierra o conexiones eléctricas para conectar este supresor de sobrecargas pasajeras a la red de CA. El cableado del edificio debe cumplir con todos los códigos que se apliquen (NEC, CSA, etc.) y todos los cables que lleven al equipo conectado, incluyendo la línea telefónica y la línea coaxial, deben pasar a través del supresor de sobrecargas pasajeras. Para reclamar daños como resultado de elementos pasajeros en la línea telefónica, el equipo conectado debe estar conectado de la manera apropiada a este supresor de sobrecargas pasajeras, que ofrezca protección para la línea de teléfonos, y su equipo de servicio telefónico debe incluir un dispositivo de "protección primaria" instalado y funcionando del modo apropiado, a la entrada del servicio. (Tales dispositivos normalmente están disponibles solicitándolos a la compañía de teléfonos, que se deben agregar durante la instalación de la línea telefónica). Para reclamar daños como resultado de elementos pasajeros en la línea coaxial, el equipo conectado debe estar conectado de la manera apropiada a este supresor de sobrecargas pasajeras, que ofrezca protección para la línea coaxial.

Please send other correspondence to:

SI Waber, Inc.
520 Fellowship Road, Suite 306
Mt. Laurel, NJ 08054-9439

or call toll-free: 1-800-638-9098



Please
Place
First-Class
Stamp
Here



PRODUCT REGISTRATION DEPARTMENT
PO BOX 839
DENVER CO 80201-0839



Return this completed **PRODUCT REGISTRATION CARD**
to receive these important benefits:

- 1 WARRANTY CONFIRMATION**
- 2 CONNECTED EQUIPMENT GUARANTEE**

FAILURE TO RETURN THIS CARD MAY AFFECT YOUR WARRANTY COVERAGE

Attachment E

Announcing the world's finest list of who's got what.



Patient DIRECT

ALLERGIES/HAY FEVER	7,652,000	HEARING DIFFICULTY	1,524,000
ARTHRITIS/RHEUMATISM	4,765,000	HEART DISEASE	761,000
ASTHMA	1,848,000	HIGH BLOOD PRESSURE	3,071,000
BLADDER CONTROL	945,000	HIGH CHOLESTEROL	2,538,000
BRONCHITIS	456,000	MIGRAINES	945,000
DIABETES	1,257,000	SINUSES/SINUSITIS	986,000
FREQUENT HEADACHES	1,146,000	ULCERS	1,033,000
FREQUENT HEARTBURN	376,000	YEAST INFECTIONS	558,000

Partial list of ailments and counts

It's Patient Direct, from Metromail... The world's largest ailment database, with over 18 million names. Use Patient Direct to create a mailing

Or to build brand awareness.

program that reminds hundreds of thousands to take their medicine and refill.

Knowing who has which ailments could very well make your bottom line healthier.

Or to put the word out that you're converting a product to over-the-counter

Call 1-708-574-3429 right now for Patient Direct counts by ailment - for targeted

lists of the very people whose problems you're in business to solve

For more information or list counts call 708-574-3429

Metromail AN R. R. DONNELLEY & SONS COMPANY

From Mar '96 pharmaceutical Executive

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