

Important! Please fill out this card and return within 10 days.

Primary User or parent's name (if primary user is under 12 years old)

1 First Name: _____ Init: Last Name: _____

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

City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____

2 Phone #: _____

3 E-mail Address: _____

(If you voluntarily provide us with your e-mail address, you give us permission to share and use your e-mail address to send you e-mail offers that may interest you.)

4 UPC #: _____  (last six (6) digits of UPC bar code on product carton)

5 Product Name: _____

6 Date of Purchase: _____ 7 Name of store/website where purchased: _____
Month Day Year

PRIMARY USER INFORMATION (Questions 8 through 15)

8 Primary user's name (if different than above)

First Name: _____

Last Name: _____

9 Date of birth: _____
Month Day Year

10 Who selected and purchased the product?

	Selected	Purchased
1. Self	<input type="checkbox"/>	<input type="checkbox"/>
2. Mom	<input type="checkbox"/>	<input type="checkbox"/>
3. Dad	<input type="checkbox"/>	<input type="checkbox"/>
4. Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>
5. Other Adult	<input type="checkbox"/>	<input type="checkbox"/>
6. Friend	<input type="checkbox"/>	<input type="checkbox"/>

11 How did you hear about Hip Gear?

1. <input type="checkbox"/> Advertisement	6. <input type="checkbox"/> Store display or package
2. <input type="checkbox"/> Catalog	7. <input type="checkbox"/> Word of mouth (friend/family member)
3. <input type="checkbox"/> In-store sales person	8. <input type="checkbox"/> Other _____
4. <input type="checkbox"/> Internet/Website	
5. <input type="checkbox"/> Review/Feature/Article	

12 What were the two most important reasons for purchasing this product? (check up to two):

1. <input type="checkbox"/> Features	6. <input type="checkbox"/> Friend's recommendation
2. <input type="checkbox"/> Price	7. <input type="checkbox"/> Read/Hear about on Internet
3. <input type="checkbox"/> Quality	8. <input type="checkbox"/> Used/Saw it at friend's house
4. <input type="checkbox"/> Read a review	9. <input type="checkbox"/> Received as a gift
5. <input type="checkbox"/> Advertisement	10. <input type="checkbox"/> Other

13 Which of the following platform systems do you currently own? (check all that apply):

1. <input type="checkbox"/> Nintendo® 64	6. <input type="checkbox"/> Playstation®/PS one™
2. <input type="checkbox"/> Game Boy®/ Game Boy® Color	7. <input type="checkbox"/> Playstation® 2
3. <input type="checkbox"/> Game Boy® Advance	8. <input type="checkbox"/> Xbox™
4. <input type="checkbox"/> Gamecube™	9. <input type="checkbox"/> PC
5. <input type="checkbox"/> Dreamcast™	10. <input type="checkbox"/> Other

14 How often do you play video games?

1. <input type="checkbox"/> 2+ hours a day	4. <input type="checkbox"/> 2-5 hours every few months
2. <input type="checkbox"/> 2-5 hours a week	5. <input type="checkbox"/> Never
3. <input type="checkbox"/> 2-5 hours a month	

15 What other Hip Gear products do you own? (check all that apply):

1. <input type="checkbox"/> Valu Packs	5. <input type="checkbox"/> Mouse
2. <input type="checkbox"/> Gamepad	6. <input type="checkbox"/> Memory card
3. <input type="checkbox"/> Wheel	7. <input type="checkbox"/> Cable/Connector/Power Supply
4. <input type="checkbox"/> Joystick/Arcade stick	8. <input type="checkbox"/> Other

ADULT INFORMATION (The adult whose name appears in question #1)

16 Your Gender: 1. Male 2. Female

17 Your marital status: 1. Married 2. Single

18 Date of your birth: _____
Month Day Year

ADULT INFORMATION CONTINUED...

19 Including yourself, what is the total number of people living in your household? _____

20 Date of birth (month/year) of the other adults and children in your household:

Male	Female		Male	Female	
1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/_____/_____ Month Year	1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/_____/_____ Month Year
1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/_____/_____ Month Year	1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/_____/_____ Month Year

21 For your primary residence, do you:

1. Own 2. Rent

22 Which best describes your family income?

1. <input type="checkbox"/> Under \$15,000	6. <input type="checkbox"/> \$100,000 - \$124,999
2. <input type="checkbox"/> \$15,000 - \$24,999	7. <input type="checkbox"/> \$125,000 - \$149,999
3. <input type="checkbox"/> \$25,000 - \$34,999	8. <input type="checkbox"/> \$150,000 - \$174,999
4. <input type="checkbox"/> \$35,000 - \$49,999	9. <input type="checkbox"/> \$175,000 - \$199,999
5. <input type="checkbox"/> \$50,000 - \$74,999	10. <input type="checkbox"/> \$200,000 - \$249,999
5. <input type="checkbox"/> \$75,000 - \$99,999	11. <input type="checkbox"/> \$200,000 or over

23 Education (Please check which category applies to you):

1. <input type="checkbox"/> Some high school	3. <input type="checkbox"/> College degree
2. <input type="checkbox"/> Completed high school	4. <input type="checkbox"/> Graduate Degree

24 In the last six (6) months has anyone in your household purchased any of the following items through the mail and/or over the internet?

	Mail	Internet
1. Books/magazines	<input type="checkbox"/>	<input type="checkbox"/>
2. Children's products	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes	<input type="checkbox"/>	<input type="checkbox"/>
4. Insurance/financial products	<input type="checkbox"/>	<input type="checkbox"/>
5. Music/video/DVD	<input type="checkbox"/>	<input type="checkbox"/>
6. Travel	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>

25 I use these credit cards:

1. <input type="checkbox"/> American Express	4. <input type="checkbox"/> Visa
2. <input type="checkbox"/> Gas/Retail	5. <input type="checkbox"/> Other _____
3. <input type="checkbox"/> Master Card	6. <input type="checkbox"/> Do not have credit cards

26 Someone in my home participates in the following activities (Check all that apply):

1. <input type="checkbox"/> Automotive work	19. <input type="checkbox"/> Hunting/Shooting
2. <input type="checkbox"/> Bible/Devotional	20. <input type="checkbox"/> Investments (mutual funds, IRA's)
3. <input type="checkbox"/> Boating/Sailing	21. <input type="checkbox"/> Investments (stocks & bonds)
4. <input type="checkbox"/> Camping/Hiking	22. <input type="checkbox"/> Movie watching
5. <input type="checkbox"/> Casino gambling	23. <input type="checkbox"/> Own a cat
6. <input type="checkbox"/> Contribute to charitable causes	24. <input type="checkbox"/> Own a dog
7. <input type="checkbox"/> Crafts	25. <input type="checkbox"/> Personal computing/internet
8. <input type="checkbox"/> Cultural art/events	26. <input type="checkbox"/> Photography
9. <input type="checkbox"/> Cycling	27. <input type="checkbox"/> Read books
10. <input type="checkbox"/> Do-it-yourself	28. <input type="checkbox"/> Snow Skiing
11. <input type="checkbox"/> Enter sweepstakes/contest	29. <input type="checkbox"/> Self Improvement
12. <input type="checkbox"/> Fishing	30. <input type="checkbox"/> Soccer
13. <input type="checkbox"/> Fitness/exercising/jogging	31. <input type="checkbox"/> Tennis
14. <input type="checkbox"/> Gardening	32. <input type="checkbox"/> Travel - Foreign
15. <input type="checkbox"/> Golf	33. <input type="checkbox"/> Travel - U.S.
16. <input type="checkbox"/> Gourmet cooking/food/wines	34. <input type="checkbox"/> TV shopping
17. <input type="checkbox"/> Grandchildren	35. <input type="checkbox"/> Vitamins/natural foods
18. <input type="checkbox"/> Home Decorating	36. <input type="checkbox"/> Watch sports on TV