

Product Registration Form

		new product information offers?	
☐Mr. ☐Mrs. ☐Ms. First Name Initia	al Last Name	Yes No	
Street Apt.	No. City		State Zip Code
Telephone Number Fax ⁻	Telephone 	Personal Email	
Company/Institution Name		Are you a student? Year: Undergradu	☐ Yes ☐ No ate ☐Graduate
Street Suite	e No. City		State Zip Code
Telephone Number Fax - -	Telephone 	Business Email	
Where did you purchase the MYPROJECT ROADMAP™ product? Purchase Date (MM-DD-YYYY) / /			
Are you a member of a Professional Organization?			
1. How did you hear about the product? 2. What credit card do you use regularly? Advertisement American Express, Diners Club Internet MasterCard Magazine Article Visa Recommendation of Friend/Family Discover Affiliate Company/Organization —			
2. Check the most important reason influencing your purchase of this product? Product Feature Product Cost Style/Appearance Prior Experience with other Project Management Template products Recommendation of Friend/Family			
3. Where did (will) you install this product? 4. If purchased for business purposes, please specify? Personal computer Not-For-Profit Home Office Education Business Workstation Consulting Other			
5. Number of Employees? 6. Are you currently a Project Manager? Yes No 1 2-5 6-24 25-49 50-99 100-499 500 Does not apply			
7. Which group describes your annual family income?8. Level of education?Less than \$30,000\$60,000 - \$74,999Completed High SchoolLess than \$30,000\$75,000 - \$99,999Completed College\$30,000 - \$39,999\$100,000 - \$149,999Completed Graduate School\$40,000 - \$49,999Over \$150,000\$50,000 - \$59,999State State			