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SEGA™ SOFTWARE PURCHASE.

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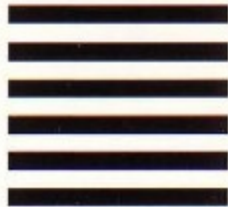
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SEGA CD™ REGISTRATION

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TO REGISTER:

COMPLETE THESE
QUESTIONS AND
MAIL THIS POSTAGE-
PAID CARD TO SEGA.
THANK YOU.

1. Who will use this SEGA product the most (primary user)?

First name _____ Last name _____
Address _____
City _____
State _____ Zip _____ Phone number _____
 1 Male 2 Female Birth Date ____/____/____
mo / day / yr

2. Describe the other game players in your home:

PLAYER 1: Age ____ 1 Male 2 Female
PLAYER 2: Age ____ 3 Male 4 Female

3. Who bought this product?

1 Primary User 2 Parent/Guardian 3 Friend
 4 Relative 5 Another Household Member

When was it bought? ____/____/____
mo / yr

4. What is the name of the game you purchased?

5. What other electronics or computers do you have in your home? PLEASE CHECK EVERYTHING YOU HAVE.

For Game Playing:

1 Atari Lynx 2 Game Boy
 3 Game Gear 4 NES (8 bit)
 5 Philips CD-I 6 Super NES (16 bit)
 7 TurboGrafx CD 8 Other

Other:

1 CD Player 2 Laser Disc Player
 3 Macintosh Computer 4 PC (IBM or IBM Compatible)
 5 VCR

6. What kinds of games do you play most often?

1 Fantasy Action 2 Fantasy Role Playing 3 Fighting Machines
 4 Fighting Adventure 5 Futuristic 6 Super Heroes & Cartoons
 7 Puzzles/Strategy 8 Sports

SEGA™

CDSW92