

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

## **BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY ADDRESSEE

SEGA CD™ REGISTRATION P.O. BOX 5784 REDWOOD CITY, CA 94063-9771

## PLEASE:

**COMPLETE THESE** 

**QUESTIONS AND** 

MAIL THIS POSTAGE-

PAID CARD TO SEGA.

THANK YOU.

1. Who will use	this SEGA prod			
First name		Last name		
Address				
City	100000		V-1270-1270-12	
State Zip		Phone number		
□ 1 Male □ 2 l	Female	Birth Date//_ mo / day / y	_	
		mo / day /	r	
	other game pla	yers in your h	ome:	
PLAYER 1: Age	☐ 1 Male	2 Female		
PLAYER 2: Age	🔲 3 Male	4 Female		
3. Who bought	this product?			
1 Primary User		3 Friend		
4 Relative	3 Another Household	Member		
When was it bo	ought?/_			
4. What is the	name of the gam	e you purcha	sed?	
	electronics or co E CHECK EVERYT			
For Game Playi	A STATE OF THE PARTY OF THE PAR	Other:		
	2 Game Boy		2 Laser Disc Player	
☐ 3 Game Gear	☐ 4 NES (8 bit)	3 Macintosh	4 PC (IBN or IBN Compatible)	
5 Philips CD-I	s Super NES (16 bit)	Computer		
7 TurboGrafx CD	□ s Other	□ 5 VCR		
6. What kinds	of games do you	play most oft	en?	
	☐ 2 Fantasy Role Playing			
4 Fighting Adventure			6 Super Heroes & Cartoons	
7 Puzzles/Strategy	□ 8 Sports	GG	EEE AT	