

EDUWARE

S E R V I C E S • I N C

Thank you for purchasing an EduWare program. Please complete and return this registration card so that we may put you on our mailing list and inform you of product updates and releases.

program name _____ version _____
(displayed when booted)

computer _____ disk
(Apple, IBM PC, Atari, etc) tape

name _____

address _____

city _____ state _____ zip _____

Your age? 17 or under
 18-25
 26-35
 36-45
 46-55
 56 or over

Are you the end-user? yes
 no

Is this your first EduWare
program? yes
 no

How did you hear about this program?

- word of mouth
 gift
 computer dealer

magazine ad _____
(which magazine?)

magazine review _____
(which magazine?)

other _____

Would you purchase another EduWare program?

yes, _____
(why?)

no, _____
(why?)

Would you like to receive an EduWare catalog? yes no
additional comments _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS

PERMIT NO. 4

AGOURA HILLS, CA

POSTAGE WILL BE PAID BY ADDRESSEE

Customer Support
EduWare Services, Inc
28035 Dorothy Drive
PO Box 22222
Agoura Hills, CA 91301

