

Registration Card

Complete & Return for further information on Tring CD-ROM products



Surname: _____

Forenames: _____

Mr/Mrs/Miss: _____

Age: _____

Sex: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Country: _____

Telephone: _____

Fax: _____

E-Mail: _____

Internet: _____

Product Purchased: _____

Date Of Purchase: _____

Outlet: _____

Computer Type: _____

**How Did You Hear About
This Product?:** _____

Did The Price Influence You?: _____

**How Many Tring Products Do
You Own?:** _____

Please
Affix
Stamp

TRING INTERNATIONAL

Triangle Business Park

Wendover Road

Aylesbury

Buckinghamshire

HP22 5BL