

SPECTRE

PLACE
POSTAGE
HERE

SPECTRE SYSTEMS, INC.
Consumer Products Department
P.O. Box 1741
Dearborn, Michigan 48121

CARTRIDGE WARRANTY REGISTRATION

Name: _____

Address _____

City _____ State _____ Zip _____

Date of Purchase _____

Name of Cartridge _____

Purchaser Age under 18 18-24 25-34 over 35

Purchaser Sex Male Female Married? Y N

Who will be the **MAIN** user of this cartridge?

Husband Wife Male: under 6 6-11 12-17 17-35 over 35

Female: under 6 6-11 12-17 17-35 over 35

What are user's favorite arcade games?

1. _____ 2. _____ 3. _____

Which of the following themes would you be interested in purchasing?

Arcade Games _____ Strategy Games _____

Space Games _____ Sports Games _____

Action Games _____ Casino Games _____

Fantasy Games _____ Play 'n Learn _____

Suggestions and comments: _____
