

Free 90 Day Guarantee

Thank you for choosing to buy this product, we trust it gives you many years of excellent service. We pride ourselves in our level of manufacturing quality and take great care to test our products. We believe in providing you with unbeatable customer care. Our extensive range of goods are made to the highest standards and to give you complete peace of mind they come with a FREE guarantee. To register your guarantee please return this form today.

DATA PROTECTION: The information that you provide in this questionnaire will be processed under the guidelines and recommendations of the Data Protection Act, and jointly controlled by SlouchPod. It will be used in the following ways: Section A: Enables SlouchPod to contact you. Section B: Provides SlouchPod with valuable feedback about their products. Section C: Provides SlouchPod with a really clear picture of the consumer who buys their products. If it's O.K. with you, SlouchPod may share your details with other reputable organisations who would like to contact you by mail, email or telephone, with information, offers, products and services that you might find interesting. Please tick here if you () and/or your partner (), please check with them first, would prefer not to be contacted.

If you would like to know more about the products and service of SlouchPod, please write to the following address:
SlouchPod Ltd, Unit 1, New Road, Winsford, Cheshire, CW7 2NU.

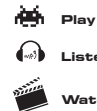
PLEASE
PLACE
STAMP
HERE

**SLOUCHPOD
INTERACTIVE XT**
The Next Generation in Interactive Gaming Chairs

SLOUCHPOD
REGISTRATION DEPARTMENT
Unit 1
New Road
Winsford
Cheshire
CW7 2NU

**SLOUCHPOD
INTERACTIVE XT**™

The Next Generation in Interactive Gaming Chairs



Play

Listen

Watch



Register your FREE 90 Day Product Guarantee Today
or Register on-line

www.slouchpod.co.uk

90 DAY FREE GUARANTEE

A. REGISTRATION

1 Title 1 Mr. 2 Mrs. 3 Miss 4 Ms.

5 Other title (eg Dr., Rev., Major) _____

First Name

Surname / Last Name

Address

Postcode

Phone No.

e-mail

Would you be happy to receive emails from SlouchPod and other reputable organisations that could be of interest to you? 1 Yes

2 Date of purchase: DD MM YYYY

3 Model purchased: _____

B. YOUR PRODUCT

1 Was this product purchased over the internet? 1 Yes 2 No

2 How did you first become aware of this product?

3 What THREE factors influenced your choice of this product?

- | | |
|--|---|
| 01 <input type="checkbox"/> Reputation of brand | 06 <input type="checkbox"/> TV/DVD compatability |
| 02 <input type="checkbox"/> Design/appearance | 07 <input type="checkbox"/> Music compatability |
| 03 <input type="checkbox"/> Special offer/promotion | 08 <input type="checkbox"/> Features |
| 04 <input type="checkbox"/> Friend/relative recommendation | 09 <input type="checkbox"/> Comfort |
| 05 <input type="checkbox"/> Games compatability | 10 <input type="checkbox"/> Price/value for money |

4 If received as a gift, from whom did you receive it?

- | | |
|--|--|
| 01 <input type="checkbox"/> Not received as gift | 04 <input type="checkbox"/> Female friend |
| 02 <input type="checkbox"/> Male friend | 05 <input type="checkbox"/> Female family member |
| 03 <input type="checkbox"/> Male family member | |

5 How many hours a day do you spend playing video/computer?

6 How many hours a day do you spend watching TV/DVDs?

7 How many hours a day do you spend listening to music?

8 Which magazines do you usually read?

- | | |
|--|---|
| 01 <input type="checkbox"/> Empire | 06 <input type="checkbox"/> Unofficial Nintendo Magazine* |
| 02 <input type="checkbox"/> What HiFi | 07 <input type="checkbox"/> Official Xbox Magazine |
| 03 <input type="checkbox"/> Official Playstation Magazine | 08 <input type="checkbox"/> Unofficial Xbox Magazine* |
| 04 <input type="checkbox"/> Unofficial Playstation Magazine* | 09 <input type="checkbox"/> Q |
| 05 <input type="checkbox"/> Official Nintendo Magazine | 10 <input type="checkbox"/> Other* |

*Please Specify _____

C. OUR CUSTOMERS

1 Which age bracket do you fall into?

- | | |
|---|--|
| 01 <input type="checkbox"/> 16 or under | 05 <input type="checkbox"/> 45-54 |
| 02 <input type="checkbox"/> 17-24 | 06 <input type="checkbox"/> 55-64 |
| 03 <input type="checkbox"/> 25-34 | 07 <input type="checkbox"/> 65-74 |
| 04 <input type="checkbox"/> 35-44 | 08 <input type="checkbox"/> 75 or over |

2 Are you?

- | | | |
|-------------------------------------|---|-------------------------------------|
| 01 <input type="checkbox"/> Single | 03 <input type="checkbox"/> Living with partner | 05 <input type="checkbox"/> widowed |
| 02 <input type="checkbox"/> Married | 04 <input type="checkbox"/> Divorced/seperated/ | |

3 How many other people will use this product?

- | | |
|-----------------------------|-----------------------------|
| 01 <input type="checkbox"/> | 06 <input type="checkbox"/> |
| 02 <input type="checkbox"/> | 07 <input type="checkbox"/> |
| 03 <input type="checkbox"/> | 08 <input type="checkbox"/> |
| 04 <input type="checkbox"/> | 09 <input type="checkbox"/> |
| 05 <input type="checkbox"/> | 10 <input type="checkbox"/> |

4 What is your occupation?

- | | |
|--|--|
| 01 <input type="checkbox"/> Craftsman/Tradesman | 06 <input type="checkbox"/> Office/Clerical |
| 02 <input type="checkbox"/> Education/Medical Services | 07 <input type="checkbox"/> Professional/Senior Management |
| 03 <input type="checkbox"/> Housewife/Homemaker | 08 <input type="checkbox"/> Retired |
| 04 <input type="checkbox"/> Manual/Factory Worker | 09 <input type="checkbox"/> Unemployed |
| 05 <input type="checkbox"/> Middle Management | 10 <input type="checkbox"/> Student |

5 Do you?

- | | |
|---|-------------------------------------|
| 01 <input type="checkbox"/> Own your own home | 06 <input type="checkbox"/> Private |
| 02 <input type="checkbox"/> Live with parents | 07 <input type="checkbox"/> Council |

6 Please tick all the hobbies/interests which your household enjoy on a regular basis:

- | | |
|---|--|
| 01 <input type="checkbox"/> Reading books | 10 <input type="checkbox"/> Internet |
| 02 <input type="checkbox"/> Eating Out | 11 <input type="checkbox"/> Household pets |
| 03 <input type="checkbox"/> Playing golf | 12 <input type="checkbox"/> Digital TV |
| 04 <input type="checkbox"/> Hiking/Walking | 13 <input type="checkbox"/> Charities/Voluntary work |
| 05 <input type="checkbox"/> CDs | 14 <input type="checkbox"/> Foreign travel |
| 06 <input type="checkbox"/> Betting | 15 <input type="checkbox"/> Shopping by mail order |
| 07 <input type="checkbox"/> Active sport/exercise | 16 <input type="checkbox"/> Going to the pub |
| 08 <input type="checkbox"/> Fashion clothing | 17 <input type="checkbox"/> Financial investments |
| 09 <input type="checkbox"/> Gardening | 18 <input type="checkbox"/> Regular savings |

7 Do you have...?

- | | |
|---|---|
| 01 <input type="checkbox"/> Debit - Delta/Maestro | 05 <input type="checkbox"/> Other credit card |
| 02 <input type="checkbox"/> Amex/Diners | 07 <input type="checkbox"/> Store Card |
| 03 <input type="checkbox"/> Visa Card | 08 <input type="checkbox"/> Frequent Flyer card |
| 04 <input type="checkbox"/> Mastercard | |

8 What is your MAIN DAILY NATIONAL newspaper?