



FOR OFFICE USE ONLY	
Activated	
UID	
Modified	

Consumer Panelist Registration Form

CONTACT INFORMATION

Last Name	First	Middle	Nickname	Home Phone
Street Address (required even if PO box is used)				Cell Phone
PO Box	City	State	Zip Code	Work Phone
Employment Status <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student				Preferred phone to use <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Employer or School				Email address

Companies typically wish to gain insight from people in specific demographic groups or with certain experiences or preferences. Your answers to the questions below will be treated with strict confidentiality and will be used only to make sure that when we contact you to participate in a study, you are likely to qualify.

DEMOGRAPHIC INFORMATION

Date of Birth / /	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Do you have children under 18 years of age living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (chose only one) <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latin American / Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	Total Household Income <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$59,999 <input type="checkbox"/> \$60,000 to \$79,999 <input type="checkbox"/> \$80,000 to \$99,999 <input type="checkbox"/> \$100,000 to \$119,999 <input type="checkbox"/> \$120,000 to \$139,999 <input type="checkbox"/> More than \$140,000

PRODUCT USE INFORMATION

Do you have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Any skin care or cosmetic product allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to either, please specify:	
Which of the following do you use regularly: <i>Please check all that apply</i> <input type="checkbox"/> Alcoholic beverages <input type="checkbox"/> Coffee <input type="checkbox"/> Cosmetics <input type="checkbox"/> Fragrance <input type="checkbox"/> Low calorie foods <input type="checkbox"/> Low carb foods <input type="checkbox"/> Low fat foods <input type="checkbox"/> Pet care products <input type="checkbox"/> Skin care for body <input type="checkbox"/> Skin care for face <input type="checkbox"/> Tobacco	At which of the following types of stores do you personally shop more than four times per month: <i>Please check all that apply</i> <input type="checkbox"/> Discount department store <input type="checkbox"/> Retail department store <input type="checkbox"/> Convenience store <input type="checkbox"/> Home & Garden center <input type="checkbox"/> Fabric or craft store <input type="checkbox"/> Music/Video retail store <input type="checkbox"/> Bookstore <input type="checkbox"/> Fast food restaurant <input type="checkbox"/> Full-service restaurant

INDUSTRY AFFILIATIONS

In the list below, please check each industry in which you or any member of your household is employed.

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Education | <input type="checkbox"/> Food/Bev distribution | <input type="checkbox"/> Mail Order Products | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Beverage Producer | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Fragrance | <input type="checkbox"/> Market Research | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Food Producer | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Media | <input type="checkbox"/> Retail sales |
| <input type="checkbox"/> Door-to-door sales | <input type="checkbox"/> Food Service | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Personal Care Products | <input type="checkbox"/> Spa or Beauty Industry |

CONFIDENTIALITY AND COMPENSATION

All personal information collected on this enrollment form and any information I disclose during the course of a study may be used by Insight Counts in fulfilling its obligations to its study clients. Insight Counts will not use my personal information for marketing purposes nor will it share my personal information with third party companies for their independent marketing purposes.

Insight Counts will describe the requirements, time period, and compensation for each study before I agree to participate. If I fail to complete the study during the specified time period I will forfeit all rights to compensation.

Signed _____ Date _____