In order to register your purchase for warranty coverage, please complete the information requested and return the card to Artworx.

Name
Street
City State Zip
Program Title:
Date Purchased:
Computer System: (circle) Apple, Atari, VIC-20, Commodore 64, IBM
Other Disk / Cassette
Place of Purchase:  Mail Order  Computer Store  From Artworx
□ Stereo/Video Store □ Dept. Store □ Book Store □ Toy Store □ Discounter
Name of Store
I heard about this program from: An ad in
□ A magazine review □ A friend □ At the store
Who purchased the program: Self Parent Friend
Age of Purchaser:  Under 18  18-24  25-35  35-50  Over 50 Male or Female
Age of User: Under 13 13-18 19-24 25-35 35-50 Over 50
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