SILMARILS CUSTOMER REGISTRATION CARD

To receive information on our new releases and to help us in making the sort of programs you want, please take a few moments to fill in the information below. Thank you.

MR/MRS/MISS/MS/OTHER: FIRST NAME OR INITIALS:		SURNAME:		
ADDRESS:				
CITY:	COUNTY:		POST CODE :	
Name of title purchased: _ How do you rate this prod Circle computer(s) you ow				
IBM PC and compatibles: Type: PC/XT AT 386 4 Disk size: 3.5" 5.25" C Soundcard: None Ad-li	Please circle all that ap 86 PS/1 PS/2 D High Density?	Memory: 640k	1Mb 2Mb	
Where did you hear about	Friend	Other		splay TV
Your age: Yo				
Which computer magazine(s) do you read? Regularly:		Occasionally:		
What is your all time favou	urite computer game?			
Which type(s) of games	do you prefer? Graphic Sports	Adventure Arca Role Playing C	ade/Action other	Simulation
Do you intend to buy a ne If so, which will you buy?_		the next 12 month	ns?	
Please use the space belo	ow to add any comments			



SILMARILS
c/o The Producers
FREEPOST
St Ives
HUNTINGDON
Cambs
PE17 4BR