

REGISTRATION CARD

Your taking a few moments to fill in this card will greatly assist Acorn in preparing programs for you.

Name _____

Address _____

City _____ State _____ ZIP _____

Age _____ Occupation _____

Which Acorn program did you purchase? _____

Program purchased from:

Mail order house

Computer store

Other _____

Where did you hear about Acorn:

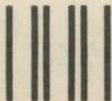
Acorn ad

Dealer ad

Saw in Store

Other _____

Please notify me of updates in the program I have purchased.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY CARD

FIRST CLASS PERMIT NO. 12280 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY ADDRESSEE

Acorn

Software Products, Inc.
634 North Carolina Ave., S.E.
Washington, D.C. 20003

