

QUESTIONNAIRE ON THE USE OF THE

1. **NAME** _____

2. **ADDRESS** _____

3. **CITY** _____

4. **STATE** _____

5. **ZIP** _____

6. **TELEPHONE** _____

7. **DATE** _____

8. **SIGNATURE** _____

9. **PLEASE PRINT NAME AND ADDRESS OF THE PERSON TO WHOM THIS QUESTIONNAIRE SHOULD BE RETURNED**

10. **NAME** _____

11. **ADDRESS** _____

12. **CITY** _____

13. **STATE** _____

14. **ZIP** _____

15. **TELEPHONE** _____

16. **DATE** _____

17. **SIGNATURE** _____



