

Fantazia Concepts
P.O. Box 5142
Willowick, Ohio 44095

Font Elegance V2.01 Code#IWMMP

Today's Date: ___/___/___

You can also Fax this form to 216-951-9241 or EMail to FantaziaC@AOL.COM

Registration form for "Icons, Wallpaper and More for Windows"

Company Name: _____

Name: _____ E-Mail Address: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zipcode: _____ - _____

Phone Number (Optional): _____ - _____ - _____ Ext. _____

Fax Number (Optional): _____ - _____ - _____

Country (Blank if USA): _____

Where did you purchase this CD: _____

Price Paid: \$ _____ . _____ Date Purchased: ___/___/___

Did you buy this CD as part of a Ten pack Y / N

How would you rate this CD-Rom Overall: 0 1 2 3 4 5 6 7 8 9 10
0=Very Bad 10=Excellent

How do you like our menu system for our CD-Rom: 0 1 2 3 4 5 6 7 8 9 10
0=Very hard to use 5=Confusing 10=Excellent

What type of computer do you own? (Ex. Dell 486/33): _____

What type of CD-ROM Drive do you own? (Manufacturer/Model) _____

What type of Video Card do you have in your system?: _____

What type of Sound Card do you have in your system?: _____

What do you like/dislike about this CD? (Very Important) This will help us product future CD's

Would you like to be on our mailing list? Yes_____ No_____

Would you like information on our Clipart Yes_____ No_____

What kind of Clipart do you use: EPS TIF WMF or I don't know what kind it is!

Please fill out "Clipart.wri" and fill in the clipart you are looking for and send it to us.

Note: Our mailing list is not sold or given to any other company

Do you know of anyone that would also be interested in being notified of any future products by our company?

If Yes, Please complete the following information:

Company Name:_____

Name:_____

Address:_____ Apt.:_____

City:_____ State:_____ Zipcode:_____ - _____

Phone Number (Optional):_____ - _____ - _____ Ext. _____

Fax Number (Optional):_____ - _____ - _____

Country (Blank if USA):_____

Company Name:_____

Name:_____

Address:_____ Apt.:_____

City:_____ State:_____ Zipcode:_____ - _____

Phone Number (Optional):_____ - _____ - _____ Ext. _____

Fax Number (Optional):_____ - _____ - _____

Country (Blank if USA):_____

Company Name:_____

Name:_____

Address:_____ Apt.:_____

City: _____ State: _____ Zipcode: _____ - _____

Phone Number (Optional): _____ - _____ - _____ Ext. _____

Fax Number (Optional): _____ - _____ - _____

Country (Blank if USA): _____

Thank you for taking the time to fill out the registration form.
Please Mail this form to the address on the top of this form.

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