



CONSUMER TESTING SIGN-UP FORM

Applicant Information

Interview ID:

Email Address :	
Main Contact Phone (Local, no extensions please) / /	Alt Contact Phone 1 / /
Alt Contact Phone 2 / /	Alt Contact Phone 3 / /

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /		

Please check each box for an industry in which you or any household members are employed.

<input type="checkbox"/> Advertising	<input type="checkbox"/> Marketing research	<input type="checkbox"/> Food Manufacturer	<input type="checkbox"/> Food Retail Purchasing
--------------------------------------	---	--	---

Please check each box that applies.

<input type="checkbox"/> I have food allergies.	<input type="checkbox"/> I am a vegetarian.	<input type="checkbox"/> I eat a gluten-free diet.	<input type="checkbox"/> I am diabetic.	<input type="checkbox"/> I restrict my diet for medical reasons.	<input type="checkbox"/> I have no dietary restrictions.
---	---	--	---	--	--

Do you speak Spanish? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have children under the age of 18 at home? <input type="checkbox"/> Y <input type="checkbox"/> N
---	---

Please complete if you have children under the age of 18 willing to test.

Child's Name (Please print.)		Gender	Date of Birth (Required.)
First Name	Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
First Name	Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
First Name	Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
First Name	Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
First Name	Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	/ /

\*Optional (Not required for sign up.)

Ethnicity*	Total Household Income*
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Less than \$25,000
<input type="checkbox"/> Black/African American/Non-Hispanic	<input type="checkbox"/> \$25,000 to \$39,000
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$40,000 to \$59,000
<input type="checkbox"/> Native/American	<input type="checkbox"/> \$60,000 to \$79,000
<input type="checkbox"/> White/Caucasian/Non-Hispanic	<input type="checkbox"/> \$80,000 to \$99,000
<input type="checkbox"/> Other (Please specify: )	<input type="checkbox"/> Over \$99,000
<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Prefer not to disclose

Where did you initially find out about Food Perspectives? (Check all that apply.)

<input type="checkbox"/> Friend	<input type="checkbox"/> Flyer	<input type="checkbox"/> FPI Web site	<input type="checkbox"/> Craig's List	<input type="checkbox"/> Face Book	<input type="checkbox"/> Organization	<input type="checkbox"/> Other
---------------------------------	--------------------------------	---------------------------------------	---------------------------------------	------------------------------------	---------------------------------------	--------------------------------

I understand FPI treats all personal information as confidential and uses this information for the sole purpose of fulfilling FPI's obligation to their clients. FPI will not share personal information with third party companies for their independent marketing purposes.

Applicant Signature	Date / /
---------------------	-------------

Do you want to donate to a participating non-profit organization? <input type="checkbox"/> Y <input type="checkbox"/> N Please provide the full name of the non-profit organization. Please call 763-553-7787 for a list of participating organizations.
--