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WHEN YOU REGISTER YOUR
SEGA™ SOFTWARE PURCHASE.

Plus receive other great FREE gifts
and services. See inside for details.



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SEGA CD™ REGISTRATION

P.O. BOX 5784

REDWOOD CITY, CA 94063-9771



TO REGISTER:

COMPLETE THESE
QUESTIONS AND
MAIL THIS POSTAGE-
PAID CARD TO SEGA.
THANK YOU.

1. Who will use this SEGA product the most (primary user)?

First name

Last name

Address

City

State

Zip

Phone number

1 Male

2 Female

Birth Date ____/____/____
mo / day / yr

2. Describe the other game players in your home:

PLAYER 1: Age ____ 1 Male 2 Female

PLAYER 2: Age ____ 3 Male 4 Female

3. Who bought this product?

1 Primary User 2 Parent/Guardian 3 Friend

4 Relative 5 Another Household Member

When was it bought? ____/____/____
mo / yr

4. What is the name of the game you purchased?

5. What other electronics or computers do you have in your home? PLEASE CHECK EVERYTHING YOU HAVE.

For Game Playing:

- 1 Atari Lynx 2 Game Boy
 3 Game Gear 4 NES (8 bit)
 5 Philips CD-I 6 Super NES (16 bit)
 7 TurboGrafx CD 8 Other

Other:

- 1 CD Player 2 Laser Disc Player
 3 Macintosh 4 PC (IBM or IBM Compatible)
Computer
 5 VCR

6. What kinds of games do you play most often?

- 1 Fantasy Action 2 Fantasy Role Playing 3 Fighting Machines
 4 Fighting Adventure 5 Futuristic 6 Super Heroes & Cartoons
 7 Puzzles/Strategy 8 Sports

SEGATM

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