



Food Perspectives Inc.

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CONSUMER TESTING SIGN-UP FORM

Applicant Information

Form with fields for E-mail Address, Main contact phone, Alt contact phone 1, Alt contact phone 2, Alt contact phone 3, First Name, MI, Last Name, Street Address, City, State, Zip Code, Gender, Date of Birth.

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

Form with checkboxes for Advertising, Marketing research, Food manufacturer, Food Retail Purchasing.

Please check each box that applies:

Form with checkboxes for I have food allergies, I am Vegetarian, I restrict my diet for medical reasons, I have no dietary restrictions.

Do you speak Spanish? Y N

Do you have Children under the age of 18 living at home? Y N

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

Table with 3 columns: Childs Name (please print), Gender, Date of Birth (required). Rows for multiple children.

* Optional (not required for sign up)

Form with two columns: Ethnicity * and Total Household income *. Includes checkboxes for various categories.

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.

Applicant signature (required) _____

Non-Profit Organization Name Park Terrace PTA OR NONE

Call 763-553-7787 for participating Organizations