

Please take a few moments to complete this software registration
and mail to the address on the reverse side of this card.

SOFTWARE REGISTRATION

Name _____ Age _____ Phone _____

If under 16 years of age, name of parent or guardian _____

Address _____

City _____ State _____ Zip _____

What is the game title? _____

How do you rate this game title? (circle one) Excellent Very Good Good Fair Poor

How did you hear about this Gametek product? _____

Where do you purchase most of your software? _____

What computer/game magazines do you read? _____

From:

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Stamp
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