CONSUMER TESTING SIGN-UP FORM

Applicant Information   Interview ID:

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Gender ☐M ☐F	Date of Birth (xx/xx/xx) - *Required*		
Email Address :			
Main Contact Phone (Local, no extensions please)	Alternate Contact Phone		

Is anyone in your household employed by:

☐Advertising	☐Marketing research	☐Food Manufacturer	☐Food Retail Purchasing

Please check each box that applies.

☐I have food allergies.	☐ I am a vegetarian.	☐ I eat a gluten-free diet.	☐ I am diabetic.	☐ 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 at home? ☐Y ☐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	☐M ☐F	
First Name	Last Name	☐M ☐F	
First Name	Last Name	☐M ☐F	
First Name	Last Name	☐M ☐F	

*Optional (Not required for sign up.)

Ethnicity*	Total Household Income*
☐ Asian/Pacific Islander	☐ Less than $20,000
☐ Black/African American/Non-Hispanic	☐ $20,000 to $39,999
☐ Hispanic/Latino	☐ $40,000 to $59,999
☐ Native/American	☐ $60,000 to $79,999
☐ White/Caucasian/Non-Hispanic	☐ $80,000 to $99,999
☐ Other (Please specify:)	☐ Over $100,000
☐ Prefer not to disclose	☐ Prefer not to disclose

Where did you initially find out about Food Perspectives? (Check all that apply.) ☐ Friend ☐ Flyer ☐ FPI Web site ☐ Craig's List ☐ Face Book ☐ Organization ☐ 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

Are you signing up as part of a non-profit organization or group? ☐Y ☐N If yes, please provide the full name of the non-profit organization. Would you like to find out more about fundraising opportunities with FPI? ☐Y ☐N