

2080 E. Flamingo Rd. Suite 309, LAS VEGAS, NV 89119 Office (702) 650-5500 Fax (702) 733-6649

www.lvff.vegas

EVERYONE HAS AN OPINION. \$\$ WHY NOT GET PAID FOR YOURS? \$\$

COMPLETE ONE FORM FOR EACH FAMILY MEMBER

This information is to be used exclusively to recruit participants for surveys and focus groups.

Call us if you have any questions.

Name				
Address				
	Street	City	State	Zip
Home Phone # ()	Cell Phone #		
Work Phone # ()	Gender: Male () Fem	ale() Birth date:_	
Age	Ethnic Background:	Education (La	st Grade Completed)	
Total Annual <u>Hou</u> () \$50,000- \$75	<u>sehold</u> Income () Under \$20,000 ,000 () \$75,000- \$100,000 ()	() \$20,000-\$35,000 (\$100,000-\$150,000 ()) \$35,000-\$50,000 Over \$150,000	
Do you () Rent	() Own			
Marital Status:	Single () Married ()	Divorced ()	Widowed ()	Other ()
	en under the age of 18 in your house nd Gender			
Occupation / Job	Title:	Company / Indus	stry:	
Registered Voter?	PIf Yes, Which Party	Favorite TV Show	vs:	
Do you Gamble?	Yes () No () If yes, do you	ı play: ()3 reels ()؛ (Check all ti		
Do you Smoke _	Brand			
Do you vape	Brand			
Medical Condition	S			
E- Mail address				
Please list any frie	ends, family or Co-workers and their	telephone numbers who m	ay be interested in parti	cipating in panels:
Name:	Age	: Phone #		
Name:	Age	Phone #		