



## RETAILER FORM

Name: _____	Event Date: ___/___/___
Team Member's Name (or ID number): _____	
Store Name: _____	Phone: (____)____-_____
Game Played: _____	

Opinion Data (Enter numerical rating, 1 through 10)

Team member running event:

1	2	3	4	5	6	7	8	9	10
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Likelihood you will stock the product featured:

1	2	3	4	5	6	7	8	9	10
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Likelihood you will stock other R. Talsorian products:

1	2	3	4	5	6	7	8	9	10
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Feedback on R.Talsorian Games, Inc.:

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