KnowledgePanel® Acceptance Form You must be 18 years of age or older to complete this form.

All information will be kept confidential and will only be used for purposes of joining KnowledgePanel.

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vea el reverso	
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1. First name	Last name
2. Current mailing address	Make address changes here only if necessary
	Street
123 Main Street Anytown PA 44444-3333	Apt./Suite City
Aujuu IX **********	State Zip
3. I am: (please use an X to mark the box) Mak	le Female
4. Age	
5. I am: White Black/African American	Hispanic Other (please specify):
6. Best contact phone number to reach your home	
Is the above number a cellular phone number?	∏Yes □ No
Please retot elevity	
7. Email address to send surveys using CAPITAL letters.	,
Do you have internet access from home? Yes No, I do not have internet access from	n home. Please call me at the phone number above to make
25.02 950 950 950 950 950 950 950 950 950 950	with internet access so I can take KnowledgePanel surveys.
If Yes, how do you access the internet at home? O	Check all that apply.
A broadband (high speed) internet service, su	uch as cable, fiber optic, or DSL service
A cellular data plan for a smartphone or other	r mobile device
_	your household are: (Please enter the number who fall into each age group)
9. Including yourself, how many adults and children in y 13 to 17 years old	your household are: (Please enter the number who fall into each age group) 25 to 29 years old 30 years and older your home (must be age 13 or older) — each can also earn \$20.
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