



The 2006–07 MacroMonitor Custom Graphic Analysis Order Form

The Custom Graphic Analysis (CGA) is a customizable graphic analysis that shows results from the **2006–07 MacroMonitor** by up to six (6) populations that you may select. (Cost: \$3,000) Please indicate the populations that you want. Please include the section and question number that we should use to create each population:

1. _____ - _____
2. _____ - _____
3. _____ - _____
4. _____ - _____
5. _____ - _____
6. _____ - _____

Please select as many sections as you need (the number of slides in each section is in parenthesis): All sections

- | | |
|---|---|
| <input checked="" type="checkbox"/> Demographics (12) | <input type="checkbox"/> Retirement (31) |
| <input type="checkbox"/> Accounts (20) | <input type="checkbox"/> Transactions (5) |
| <input type="checkbox"/> Balance Sheets (14) | <input type="checkbox"/> Vehicles and Credit (12) |
| <input type="checkbox"/> Cards (28) | <input type="checkbox"/> Financial Attitudes (164) |
| <input type="checkbox"/> Consumer Credit (8) | <input type="checkbox"/> General (20) |
| <input type="checkbox"/> Direct Marketing (36) | <input type="checkbox"/> Institutions (20) |
| <input type="checkbox"/> Health Insurance (18) | <input type="checkbox"/> Investments (31) |
| <input type="checkbox"/> Institutions (31) | <input type="checkbox"/> Retirement (14) |
| <input type="checkbox"/> Internet Financial Services (16) | <input type="checkbox"/> Credit (13) |
| <input type="checkbox"/> Investments (25) | <input type="checkbox"/> Insurance (15) |
| <input type="checkbox"/> Life Events (12) | <input type="checkbox"/> Health-Related Insurance (4) |
| <input type="checkbox"/> Life Insurance (15) | <input type="checkbox"/> Planning and Advice (29) |
| <input type="checkbox"/> P/C Insurance (15) | <input type="checkbox"/> Miscellaneous (18) |
| <input type="checkbox"/> Planning and Advice (35) | <input checked="" type="checkbox"/> Appendixes |
| <input type="checkbox"/> Real Estate and Debt (22) | |

You will receive the deliverable in two formats:

- Electronic: PowerPoint
- Hard Copy.

Please provide the delivery and invoicing information. Allow 2 weeks for delivery.

Name _____ Title _____
 Organization _____
 Address _____ Mail Code _____
 City, State, Zip _____
 Telephone _____ E-mail _____



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Please fax the completed form to: +1 609 734 2094.