

Marketing Research and Intelligence Association

Project Registration Form

1. Name of research company registering project

2. Research Company Code

3. Research Company Contact for CSRC

4. Research Company Contact for respondents

5. Client Company if identified in project

6. Project Sub-contracted

7. Project Registration Number

8. Project Methodology (select all applicable)

9. Project

- Sector

- Subject

10. Respondents

Incentives

11. Respondents

Qualifications

12. Geographical /

Language Coverage

(select all applicable)

13. Estimated Field Dates

14. Expected Number of interviews

Name:				Tel:				Fax:			
Address:											
E-mail:						Web Site:					
English:						Tel:					
French:						Tel:					
<input type="checkbox"/> Yes		<input type="checkbox"/> No									
A <input type="checkbox"/> Telephone <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Door to door <input type="checkbox"/> IVR <input type="checkbox"/> Other in person <input type="checkbox"/> Mail <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify)						B <input type="checkbox"/> Consumer <input type="checkbox"/> Business/Professional C <input type="checkbox"/> Client is identified <input type="checkbox"/> Mail Panel (ad-hoc) <input type="checkbox"/> Continuous Panel <input type="checkbox"/> None of the Above D <input type="checkbox"/> Focus group <input type="checkbox"/> Other qualitative					
Public <input type="checkbox"/> Government of Canada <input type="checkbox"/> Provincial Government <input type="checkbox"/> Municipal Government <input type="checkbox"/> Crown Corporation				Private <input type="checkbox"/> Manufact. <input type="checkbox"/> Industrial <input type="checkbox"/> Business				Non profit <input type="checkbox"/> Associations <input type="checkbox"/> Charities			
Enter up to 2 subject codes											
<input type="checkbox"/> Yes (Specify)						<input type="checkbox"/> No					
(Specify)											
A <input type="checkbox"/> National <input type="checkbox"/> Ontario <input type="checkbox"/> Atlantic <input type="checkbox"/> Prairies <input type="checkbox"/> Quebec <input type="checkbox"/> B.C.				B <input type="checkbox"/> Urban only <input type="checkbox"/> Urban and rural <input type="checkbox"/> Rural only				C <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other			
Field Start:						Field End:					

15. How did you get
respondent's name/number?
(select all applicable)

<input type="checkbox"/> Telephone lists/ Directories	<input type="checkbox"/> Client Supplied
<input type="checkbox"/> Random Digit	<input type="checkbox"/> Panel
	<input type="checkbox"/> Other (Specify)