

General Comments/ Feedback Form

CyberLinks
Version ____

If you wish to suggest a new feature that you'd like to see in CyberLinks, please use the New Feature Suggestion Form instead

DATE:

YOUR NAME:

1. How would you rate the Setup process?

Flawless, Bravo, ()

Needs Improvement ()

If you selected "Needs Improvement", could you please mention exactly what you would like to see changed/improved?

2. How would you rate CyberLinks overall?

"Cool product, when can I buy it?" ()

"Neat stuff, needs improvement" ()

"Duh!" ()

If you selected "Needs improvement", could you please mention exactly what you would like to see changed/improved?

3. General Comments/ Feedback:

4. Personal Information

Name:

E-Mail address:

Daytime phone with area code:

Best Time:

FAX:

Company:

Address:

Address:

City:

State:

ZIP:

We appreciate the time you have taken in filling out this form.
Please see "TECHSUP.DOC" for information on contacting CyberLinks Technical Support.