TACTICAL FIELD MARKETING REGISTRATION FORM

Date Of Application | | | | | 2 | 0 | 0 | |

Lincoln | Management | Group

PERSONAL DETAILS PLEASE COMPLETE THE FOLLOWING SECTION USING CAPITAL LETTERS.

First Name(s)

Surname

Date of birth

Sex

Male ☐ Female ☐

Home Address

County _____ Postcode _____

Telephone No _____

Mobile No _____

Fax No _____

e-mail Address _____

Nat Ins No. | | | | | | | | |

Please complete the following questions with a ✓ in the relevant boxes.

Do you have the use of a car? YES ☐ NO ☐

Do you have a current valid driving licence? YES ☐ NO ☐

Please ✓ any of the following boxes to show your work experience.

Multiples (e.g.Asda / Tesco) ☐	**Independents** (e.g. Convenience Stores) ☐	**On Trade** (e.g. Pubs / Clubs) ☐	**Other Retail** (e.g.Comet / B&Q) ☐	**Outdoor Events** (e.g Festivals / Shopping Malls) ☐
Sales (Transfer Orders) ☐	**Sales** (Car / Van) ☐	**Sales** (Face to Face e.g. Credit Card) ☐	**Sales** (Door to Door e.g Gas) ☐	**Sales** (Telesales) ☐
Merchandising ☐	Product Sampling ☐	Flyer / Leafleting ☐	Market Research / Audits ☐	Mystery Shopping ☐
Trade / Road Shows ☐	Supervision / Team Leader ☐	Senior Management ☐		

Where or from whom did you hear about LMG

Colleague / Friend ☐ Trade Press (please name publication) _____ Other _____

LMG Referall ☐ Internet ☐

PLEASE RETURN THE COMPLETED FORM TO: LMG Field Marketing, 2 Monks Way, Lincoln, England, LN2 5LN

www.lmg-fieldmarketing.co.uk

24/08/2006