

How the Bonus Survey Works

Participation is open only to accredited students, staff and faculty at Canadian post-secondary education institutions. Offer closes March 30, 1976.

Bonus #1 As a participant you will receive a bonus Trypak. Your pak will contain brand name consumer products for your use and enjoyment. You pay only \$1.00 towards handling, freight and proprietary products. One pak per person—offer limited.

trypak

Approximate value of the retail value of your Trypak is \$20.00. If for any reason you do not wish to accept your Trypak, you may return your pak to the sender. Your money will be refunded.

Bonus #2 A chance to win the grand prize. Details ▶

To participate

- Complete both sides of the questionnaire fairly.
- Fill out the delivery form and the grand prize entry form accurately.
- Detach the questionnaire along the dotted line and *fold twice where indicated*.
- Mail one \$1.00 bill along with the folded questionnaire in the envelope provided.

Note: No postage stamp required if mailed in Canada. Allow 15 to 30 days for delivery of your Trypak.

Please send me a Trypak

(This is your mailing label) DO NOT CUT OUT (Trypaks mailed within Canada only)

Name _____

Address _____

City _____ Province _____ Postal Code _____

For office use only: 1 2 3 4 5 6 7 8 9 10 11



Wilderness Retreat Bursary

The Prize: One Wilderness Retreat Bursary

Approximate value \$3,000.00—including:

- A used van
- \$2,000 cash
- A copy of the delightful book **Handmade Houses: A Guide to the Woodbutchers Art**, with many illustrations, including the one above, that suggest some ingenious possibilities.

How to Enter: Just participate in the Trypak Bonus Survey. Entries must be received by March 30, 1976.

Who can Enter: Bona fide Trypak Bonus Survey participants who are residents of Canada, except employees and members of their immediate families living in the same household, of Trypak, related companies and the independent judging organization. One entry per person. No responsibility will be taken for entries lost, misdirected or delayed by mail.

The Judging: A random draw will be made and the selected entrant will be required to answer a skill testing question. The decision of the judges is final. All entries become the property of Trypak who reserves the right to publish name and photograph of the winner. To receive the winner's name, send a postage-paid, self-addressed envelope to Trypak, 307 Davenport Road, Toronto M5R 1K5 Ontario, after April 30, 1976.

Please indicate how frequently you use each of the following product categories by placing an 'X' in the appropriate column of the Frequency-of-Use chart; also check the name of the brand(s) you normally use in the right-hand column.

	Frequency of Use						Brand(s) normally used (Note: when selecting 'other', please specify)										
	Never	Daily	3-4 times a week	Once a week	Once every two weeks	Once a month or less											
Toothpaste							12 <input type="checkbox"/> Close-up <input type="checkbox"/> Colgate MFP <input type="checkbox"/> Crest	<input type="checkbox"/> Listerine <input type="checkbox"/> Macleans <input type="checkbox"/> Pearl Drops	<input type="checkbox"/> Pepsodent <input type="checkbox"/> Proof <input type="checkbox"/> Stripe	<input type="checkbox"/> Ultra-Brite							
11	1	2	3	4	5	6				Other _____ x							
Mouthwash							14 <input type="checkbox"/> Binaca <input type="checkbox"/> Cepacol <input type="checkbox"/> Colgate 100	<input type="checkbox"/> Lavoris <input type="checkbox"/> Listerine <input type="checkbox"/> Micrin	<input type="checkbox"/> Noxema <input type="checkbox"/> Scope <input type="checkbox"/> Sterisol								
13	1	2	3	4	5	6				Other _____ 0							
Dental Floss							16 <input type="checkbox"/> Butter Unwaxed <input type="checkbox"/> Johnson's Unwaxed <input type="checkbox"/> Johnson's Waxed	<input type="checkbox"/> Oral-B Unwaxed <input type="checkbox"/> Oral-B Waxed <input type="checkbox"/> PHO Unwaxed	<input type="checkbox"/> Rexall Unwaxed <input type="checkbox"/> Tek Unwaxed								
15	1	2	3	4	5	6				Other _____ 9							
Shampoo							18 <input type="checkbox"/> Alberto <input type="checkbox"/> Breck <input type="checkbox"/> Brite Side	<input type="checkbox"/> Clairol Herbal Ess. <input type="checkbox"/> Earth Born <input type="checkbox"/> Everynight	<input type="checkbox"/> Faberge Organics <input type="checkbox"/> Head & Shoulders <input type="checkbox"/> Johnson's Baby	<input type="checkbox"/> Milk Plus 6 <input type="checkbox"/> Protein 21							
17	1	2	3	4	5	6				Other _____ y							
Crepe Rinse and/or Conditioner 19							20 <input type="checkbox"/> Alberto <input type="checkbox"/> Breck <input type="checkbox"/> Clairol Herbal Ess.	<input type="checkbox"/> Faberge Organics <input type="checkbox"/> Lady Patricia <input type="checkbox"/> Lemon-Up	<input type="checkbox"/> Long & Silky <input type="checkbox"/> No More Tangles <input type="checkbox"/> Sonora Peach Nut	<input type="checkbox"/> Tame <input type="checkbox"/> Wella Balsam							
19	1	2	3	4	5	6				Other _____ y							
Deodorant/Anti-perspirant							22 <input type="checkbox"/> Arm in Arm <input type="checkbox"/> Arrid <input type="checkbox"/> Ban/Ultra Ban	<input type="checkbox"/> Mennen <input type="checkbox"/> Mitchum <input type="checkbox"/> Noxzema	<input type="checkbox"/> Old Spice <input type="checkbox"/> Secret <input type="checkbox"/> Soft & Dri	<input type="checkbox"/> Right Guard <input type="checkbox"/> Yardley							
21	1	2	3	4	5	6				Other _____ y							
Electric Razor							24 <input type="checkbox"/> Braun <input type="checkbox"/> Norelco <input type="checkbox"/> Philips	<input type="checkbox"/> Philishave <input type="checkbox"/> Remington <input type="checkbox"/> Ronson	<input type="checkbox"/> Schick <input type="checkbox"/> Sunbeam								
23	1	2	3	4	5	6				Other _____ 9							
Blade Razor							<table border="0"> <tr> <td><u>Cartridge System</u></td> <td><u>Injector</u></td> <td><u>Double Edge</u></td> </tr> <tr> <td>26 <input type="checkbox"/> Flicker <input type="checkbox"/> Gillette Techmatic <input type="checkbox"/> Gillette Trac II <input type="checkbox"/> Schick II <input type="checkbox"/> Wilkinson Bonded</td> <td><input type="checkbox"/> Gillette <input type="checkbox"/> Schick</td> <td><input type="checkbox"/> Gillette Super Stainless <input type="checkbox"/> Gillette Plus <input type="checkbox"/> Wilkinson Double Edge <input type="checkbox"/> Schick Double Edge</td> </tr> </table>			<u>Cartridge System</u>	<u>Injector</u>	<u>Double Edge</u>	26 <input type="checkbox"/> Flicker <input type="checkbox"/> Gillette Techmatic <input type="checkbox"/> Gillette Trac II <input type="checkbox"/> Schick II <input type="checkbox"/> Wilkinson Bonded	<input type="checkbox"/> Gillette <input type="checkbox"/> Schick	<input type="checkbox"/> Gillette Super Stainless <input type="checkbox"/> Gillette Plus <input type="checkbox"/> Wilkinson Double Edge <input type="checkbox"/> Schick Double Edge		
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25	1	2	3	4	5	6				Other _____ y							
Vitamins							28 <input type="checkbox"/> Chocks <input type="checkbox"/> Life Brand <input type="checkbox"/> One-a-Day	<input type="checkbox"/> Paramettes <input type="checkbox"/> Pardec <input type="checkbox"/> Surbex 500	<input type="checkbox"/> Unicap <input type="checkbox"/> Vitamin C <input type="checkbox"/> Vitamin E	<input type="checkbox"/> Westcare							
27	1	2	3	4	5	6				Other _____ x							
Cold Remedies							30 <input type="checkbox"/> Actified <input type="checkbox"/> Anacin <input type="checkbox"/> Bayer Aspirin	<input type="checkbox"/> Contac C <input type="checkbox"/> Coricidin <input type="checkbox"/> Dimetapp	<input type="checkbox"/> Dristan <input type="checkbox"/> Neo-Citran <input type="checkbox"/> Novahistex	<input type="checkbox"/> Sinutab <input type="checkbox"/> Triaminic							
29	1	2	3	4	5	6				Other _____ y							
Soup							32 <input type="checkbox"/> Aylmer <input type="checkbox"/> Campbell <input type="checkbox"/> Habitant	<input type="checkbox"/> Howard Johnson <input type="checkbox"/> Knorr-Suisse <input type="checkbox"/> Lipton Cup-a-Soup	<input type="checkbox"/> Maggi <input type="checkbox"/> Nestle Souptime <input type="checkbox"/> Tidewater								
31	1	2	3	4	5	6				Other _____ 0							
Pizza 33							34 <input type="checkbox"/> Frozen	<input type="checkbox"/> Homemade	<input type="checkbox"/> Ordered in	<input type="checkbox"/> In restaurant							
33	1	2	3	4	5	6											
Yogurt							36 <input type="checkbox"/> Alpine <input type="checkbox"/> Crescent	<input type="checkbox"/> Delisle <input type="checkbox"/> Gay Lea	<input type="checkbox"/> Homemade <input type="checkbox"/> Light 'n Lively								
35	1	2	3	4	5	6				Other _____ 7							
Tea							38 <input type="checkbox"/> Blue Ribbon <input type="checkbox"/> King Cole <input type="checkbox"/> Lipton	<input type="checkbox"/> Morse <input type="checkbox"/> Nabob <input type="checkbox"/> Prior Park	<input type="checkbox"/> Red Rose <input type="checkbox"/> Salada <input type="checkbox"/> Tyetley	<input type="checkbox"/> The Tea <input type="checkbox"/> Twinings							
37	1	2	3	4	5	6				Other _____ y							
iced Tea							40 <input type="checkbox"/> Good Host	<input type="checkbox"/> Nestea	<input type="checkbox"/> Salada								

Before licking, enclose completed and folded questionnaire plus \$1.00 bill.

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