



# QUESTIONNAIRE FOR NEW ADVERTISERS AND PRODUCTS

This questionnaire is to better understand your product and its positioning in the marketplace. Please complete the following questionnaire as accurately as possible and submit for review. The completion of this questionnaire does not guarantee advertising placement in our publication and/or Web site. The National Psoriasis Foundation has the right to deny advertising to anyone that may apply.

What is the name(s) of your product? \_\_\_\_\_

What is the name of your company? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

## Check appropriate boxes that apply to the product you wish to advertise

This is an over-the-counter topical product intended for use on the skin

This is an over-the-counter product that is intended to be ingested orally

This is a prescription drug that has been approved by the U.S. Food and Drug Administration.

This is a non-prescription homeopathic, natural or herbal remedy.

If you checked this box, has the active ingredient of your product been approved by the Homeopathic Pharmacopeia of the United States?

Yes  No  Don't know

This is a lifestyle product or assistive device?

Is the use of your product intended to treat a specific disease? (check one)

Yes  No

If yes, what specific disease(s)? \_\_\_\_\_

*continued on reverse*

If yes, what is (are) the active ingredient(s) to treat the disease? Please specify the quantity using a specific form of measurement. Please list below.

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The next few questions address the marketing of your product. Please be as specific and detailed as you can when answering these questions.

Does your product labeling and/or marketing materials and/or Web site mention specific disease names?

(check one)  Yes  No

If yes, which one(s) \_\_\_\_\_

What are the claims you make in your marketing materials specifically regarding the results of using your product? Please list one or two examples or include samples of some of these materials.

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What is the cost to consumer of your product(s)? Please include quantity and how long the supply lasts.

Does your company offer a 100% money back guarantee? (check one)

Yes  No

Have you received any complaints about your product? If yes, please explain.

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All above information is accurate and true to the best of my knowledge.

(Please sign below)

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax to:**

**The National Psoriasis Foundation • Attn.: Jackie Groah • 6600 SW 92nd Ave, Suite 300 •  
Portland, OR 97223 • 800.723.9166 • fax: 503.245.0626 • [www.psoriasis.org](http://www.psoriasis.org)**