



QUALIFICATION FORM

Contact Information:

Name
Organization
Street Address City State Zip Code
Title
Email Address Daytime Phone Number

Educational Background: Please Report The Highest Level Of Education Achieved

Doctorate Master's Bachelor's

Field
Institution Year Graduated
Classes Completed:
Test Interpretation Graduate Undergraduate
Psychometrics Graduate Undergraduate

Please List Any Professional Associations Of Which You Are Currently A Member:

Three blank lines for listing professional associations.

Please Select the Product(s) You Are Interested In:

Polaris 360 Degree Survey TEAMx Survey In-Basket Exercises

Please Describe Your Experience in Using Similar Products:

Three blank lines for describing experience with similar products.

In What Industry Do You Work?

Entertainment Education Financial Healthcare Hi-Tech/Telecommunications Hospitality Insurance/Legal Manufacturing Retail Transportation Utilities Other

For What Purpose Do You Intend To Use This Product?

Employee Development Employee Selection Leadership Development Personal Growth/Development Research Other

Signature Date

Please Fax Your Completed Form To OSI at (858) 455-6161