

**U.S. Department of Commerce  
Bureau of Export Administration**

**TECHNOLOGY ASSESSMENT: ASSISTIVE TECHNOLOGY**

**THE PURPOSE OF THIS ASSESSMENT**

The U.S. Department of Commerce/Bureau of Export Administration is working with the U.S. Department of Education/National Institute on Disability and Rehabilitation Research and the Federal Laboratory Consortium on a critical technology assessment of the U.S. assistive technology industry. The goals of this joint assessment are to:

- ▶ analyze the long-term health and competitiveness of the industry;
- ▶ determine the growth trends and emerging markets in this field; and
- ▶ develop a framework for more consistent transfer of technologies from U.S. defense and civilian government laboratories into the assistive technology industry.

Your firm's response to the attached survey will provide us with the information that we need to accomplish these goals.

**PROTECTING YOUR INFORMATION FROM DISCLOSURE**

Any information submitted in response to this questionnaire will be deemed **BUSINESS CONFIDENTIAL** and treated in accordance with section 705 of the Defense Production Act of 1950, as amended (DPA). Information submitted will not be shared with any non-government entity, other than in aggregate form, and the Department will assert the applicable Freedom of Information Act (FOIA) exemption if it is the subject of a FOIA request. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

## GENERAL INSTRUCTIONS

1. Please complete this questionnaire in its entirety as it applies to the assistive technology operations of your organization or firm. This questionnaire applies to all of the assistive technology-related business for your firm; see page iv for a definition of assistive technology device.
2. The questionnaire has 2 sections as follows:

Section A. ORGANIZATION IDENTIFICATION

Section B. I. COMPETITIVENESS II. FINANCIAL STATUS

3. It is not our desire to impose an unreasonable burden on any respondent. IF INFORMATION IS NOT READILY AVAILABLE FROM YOUR RECORDS IN EXACTLY THE FORM REQUESTED, FURNISH ESTIMATES AND DESIGNATE BY THE LETTER "E".
4. Questions related to the questionnaire should be directed to Margaret Cahill, Trade and Industry Analyst at (202) 482-8226 (e-mail: mcahill@bxa.doc.gov) or Steve Baker, Trade and Industry Analyst, at (202) 482-2017 (e-mail: sbaker@bxa.doc.gov). You may also fax your questions to (202) 482-5650.
5. Before returning your completed questionnaire, be sure to sign the certification on the next page and identify the person and phone number to be contacted at your firm if we have questions about your response. Return questionnaire by **May 19, 2000** to :

Brad Botwin, Director  
Strategic Analysis Division  
Room 3876, BXA re: AT  
U.S. Department of Commerce  
Washington, DC 20230

### EXEMPTION

For this report, **assistive technology device** will be defined as any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities. If your organization has not conducted any manufacturing or non-manufacturing activity related to assistive technology devices in the United States since January 1, 1996, you are not required to complete this form. If this is the case, please provide the information requested below and return this page to the address above.

_____ <b>Name of Organization</b>	_____ <b>Address (City, State)</b>
_____ <b>Signature of Authorized Official</b>	_____ <b>Date</b>
_____ <b>Name of Official-Please Print</b>	_____ <b>Phone</b>

## CERTIFICATION

**The undersigned certifies that the information herein supplied in response to this questionnaire is complete and correct to the best of his/her knowledge. The U.S. Code, Title 18 (Crimes and Criminal Procedure), Section 1001, makes it a criminal offense to willfully make a false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.**

Company Name:

Signature of Authorized Official:

Title:

Phone Number (with area code):

Fax Number (with area code):

E-Mail address:

Date:

**In the event that we have questions regarding your response, please provide below a point of contact with telephone and fax numbers and e-mail address, if different than above.**

Point of contact:

Title:

Phone Number (with area code):

Fax Number (with area code):

E-Mail address:

## DEFINITIONS

**ASSISTIVE TECHNOLOGY DEVICE** - any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

**COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA)** - a written agreement between a private company and a government agency to work together on a project. In 1986 and 1989, legislation was enacted as part of the Stevenson-Wydler Technology Innovation Act to enable federal laboratories to enter into CRADAs with private businesses and other entities. CRADAs provide the means to leverage R&D efforts and to create teams for solving technological and industrial problems. Through CRADAs, companies or groups of companies can work with one or more federal laboratories to pool resources and share risks in developing technologies.

**FACILITY** - A site where assistive technology devices or equipment are manufactured and/or related research and development is conducted.

**FIRM** - An individual proprietorship, partnership, joint venture, association, corporation (including any subsidiary corporation in which more than 50 percent of the outstanding voting stock is owned), business trust, cooperative, trustees in bankruptcy, or receivers under decree of any court, owning or controlling one or more establishments as defined above.

**RESEARCH AND DEVELOPMENT (R&D)**- includes basic research and applied research in the sciences and in engineering, and design and development of prototype[s], products and processes.

For the purposes of this questionnaire, R&D includes activities carried on by persons trained, either formally or by experience, in the physical sciences including related engineering, and the biological sciences including medicine but excluding psychology, if the purpose of such activity is to do either or both of the following:

**Basic Research** Pursue a planned search for new knowledge, whether or not the search has reference to a specific application.

**Applied Research** Apply existing knowledge to problems involved in the creation of a new product or process, including work required to evaluate possible uses, or apply existing knowledge to problems involved in the improvement of a present product or process.

Research and development includes the activities described above whether assigned to separate R&D organizational units of the company or carried out by company laboratories and technical groups not part of an R&D organization. Reporting the R&D activities of such latter groups may require the use of estimates for some of the questions.

**SMALL BUSINESS INNOVATION RESEARCH PROGRAM (SBIR)** - a program through which federal agencies fund research and development efforts of a high risk nature that may have excellent commercial potential. The research is carried out by a small business and may not necessarily involve outside collaboration.

**SMALL BUSINESS TECHNOLOGY TRANSFER PROGRAM (STTR)** - a program through which federal agencies fund cooperative R&D projects involving a small business and a university; an approved, contractor-operated, federally funded research and development center; or a nonprofit research institution.

**TECHNOLOGY TRANSFER** - a process for implementing a new application for an existing technology.<sup>45</sup>

**UNIVERSAL DESIGN** - The process of designing products and environments (including assistive technologies) to be usable by people with the widest range of abilities possible, without the need for adaptation or specialized design. Seven Principles of Universal Design have been developed.<sup>46</sup> They include:

1. **Equitable Use.** The design is useful and marketable to people with diverse abilities;
2. **Flexibility in Use.** The design accommodates a wide range of individual preferences and abilities;
3. **Simple and Intuitive Use.** Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level;
4. **Perceptible Information.** The design communicates necessary information to the user, regardless of ambient conditions or the user's sensory abilities;
5. **Tolerance for Error.** The design minimizes hazards and the adverse consequences of accidental or unintended actions;
6. **Low Physical Effort.** The design can be used efficiently and comfortably and with a minimum of fatigue; and
7. **Size and Space for Approach and Use.** Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

**UNITED STATES** - Includes the fifty States, Puerto Rico, the District of Columbia, the Virgin Islands, American Samoa, and the Trust Territories of the Pacific Islands.

**WORK FOR OTHERS (WFO)** - research conducted or technical assistance provided by a federal laboratory for either a different federal entity or a private organization. Work is fully funded by the recipient agency or organization.

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<sup>45</sup>A. Reisman, "Technology Transfer: A Taxonomic View." *Journal of Technology Transfer*, Summer-Fall 1989, pp. 31-36.

<sup>46</sup>Advocates of Universal Design. Copyright 1997, NC State University. For a fuller discussion, see <http://www.design.ncsu.edu/cud/pubs/udprinciples.html>

**SECTION A**  
**ORGANIZATION IDENTIFICATION**

**A1. Organization Address:** Provide the name and address of your organization.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**A2. Additional Facilities:** If your organization has additional facilities also involved in any manufacturing or other activities related to assistive technology, please list them below.

Facility Name	City, State, Country
_____	_____
_____	_____

**A3. Parent Firm/Joint Ventures:** If your organization is wholly or partly owned by another firm, indicate the name and address of the parent firm and extent of ownership. Indicate whether the relationship is a joint venture.

Firm Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

% ownership \_\_\_\_\_%

Joint Venture?  Yes  No

**A4. Organization Activities:** Please indicate the nature of your assistive technology business by checking the appropriate box(es):

	Primary Business	Secondary Business
Basic Research	<input type="checkbox"/>	<input type="checkbox"/>
Applied Research & Development	<input type="checkbox"/>	<input type="checkbox"/>
Product Testing	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>
Assembly	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input type="checkbox"/>	<input type="checkbox"/>
Consulting	<input type="checkbox"/>	<input type="checkbox"/>

## A5. Product Categories

Below is a list of product categories for assistive technology devices derived from a list of major classifications developed by the National Institute on Disability and Rehabilitation Research (NIDRR). Indicate (✓) what type(s) of assistive technology equipment/devices you manufacture, assemble, perform research in connection with, develop, or design. Item lists under the categories are not all inclusive; select the closest category.

Product Category	✓
<b>A. Architectural Elements</b> (e.g., door opening/closing devices, door levers, lifts and elevators, ramps, safety equipment)	
<b>B. Communication Devices</b> (including both high and low technology devices, such as augmentative and alternative communication devices (AAC), speech synthesizers, communication boards and board overlays, conversation books)	
<b>C. Telecommunications</b> (e.g., wireless and wireline telephones, text telephones (TTY), amplified telephones, talking pagers)	
<b>D. Sensory Aids</b> (non-computer based devices, such as hearing aids, assistive listening devices, tactile aids for the deaf/blind, alerting devices, braille notetakers)	
<b>E. Computers</b> (e.g., hardware, software, accessories, including screen readers, large print software, optical character recognition equipment, refreshable braille displays)	
<b>F. Environmental Controls</b> (e.g., remotely controlled door openers, telephones, lights, televisions)	
<b>G. Aids to Daily Living</b> (e.g., aids for hygiene, dressing and undressing, toileting, washing, bathing, showering, manicure and pedicure, hair care, dental care, facial care and skin care, housekeeping, handling and manipulating products, and orientation)	
<b>H. Mobility</b> (e.g., transportation safety, vehicle lifts and ramps, walking/standing aids, wheelchairs, seating systems, other types of wheeled mobility)	
<b>I. Orthotics/Prosthetics</b> (e.g., spinal orthotic systems, upper/lower limb orthotic systems, hybrid orthotic systems, upper limb prostheses, upper/lower limb prosthetic systems, non-limb prostheses, functional electrical stimulators)	
<b>J. Recreation/Leisure/Sports</b> (e.g., accessible toys, indoor games, arts and crafts, photography, physical fitness, gardening, camping, hiking, fishing, hunting, shooting, sports equipment, musical instruments)	
<b>K. Modified Furniture/Furnishings</b> (e.g., tables, light fixtures, sitting furniture, beds and bedding, adjustable height furniture, work furniture)	
<b>L. Other</b> (Please Specify: _____)	

**SECTION B**  
**I. COMPETITIVENESS**

**B I.1 Competitors and Competitive Prospects**

**Competitors:** Who are your 5 major competitors, domestic or foreign?

<b>Company Name &amp; Country</b>
1.
2.
3.
4.
5.

**Your Market Share:** What is your company's estimated share of the U.S. and world markets for your assistive technology products?

U.S. \_\_\_\_\_%                      World \_\_\_\_\_%

**Competitive Prospects:** Please rate how you expect your overall competitive prospects to change over the next 5 years:

- Improve greatly
- Improve somewhat
- Stay the same
- Decline somewhat
- Decline greatly

**BI.2 Foreign Competition:**

Do foreign producers of assistive technology devices have any advantages over your firm that are unrelated to the quality or features of your products?

Yes                       No

Are your foreign competitors able to manufacture their products less expensively?

Yes                       No

Comments: \_\_\_\_\_

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**BI.3 Universal Design**

**BI.3a** Who do you consider to be the target market for your products, and what type(s) of disability(ies) do they have?



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**BI.3b** Do your product developers consider individuals who are aging with the accommodated disability(ies)?

Yes       No

If yes, please comment.

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**BI.3c** Do your product developers ever include in their design processes consideration for individuals with more than one disability?

Yes       No

If yes, please comment.

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**BI.3d** Has your company explored potential applications of your products for individuals who have no disability?

Yes       No

If yes, please comment.

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**BI.3e** Would you be interested in learning more about these possibilities, which are part of the universal design process?

Yes       No

**BI.4 Customer Input.** Does your company use focus groups or any other mechanisms to gather ergonomic, human factor, and other relevant user information for incorporation into the design of your products?

Yes       No

If yes, please discuss these mechanisms.

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**BI.5 Partnering**

**BI.5a. Private Assistance**

Within the last 3 years, has your firm submitted a proposal for research funding related to assistive technology to any private foundations or firms?

Yes       No

If yes, provide this information for each proposal. Attach an additional page if needed.

<i>Name of Foundation or Firm:</i> _____			
Brief Description of Project: _____			
_____			
Did you receive funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How much funding?	1996: _____	1997: _____	1998: _____

<i>Name of Foundation or Firm:</i> _____			
Brief Description of Project: _____			
_____			
Did you receive funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How much funding?	1996: _____	1997: _____	1998: _____

**BI.5b. SBIR Application**

In the last 3 years, has your firm submitted a research proposal related to assistive technology under the Small Business Innovation Research (SBIR) program?

Yes       No

If yes, please indicate which agency(ies) offered the SBIR.

- U.S. Dept. of Agriculture
- U.S. Dept. of Commerce
- U.S. Dept. of Defense
- U.S. Dept. of Education
- U.S. Dept. of Energy
- U.S. Dept. of Health and Human Services
- U.S. Dept. of Transportation
- Environmental Protection Agency
- Natl. Aeronautics & Space Admin.
- National Science Foundation
- Nuclear Regulatory Commission
- Other: \_\_\_\_\_

How many times have you applied? \_\_\_\_\_

Please briefly summarize your proposal(s):

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What product(s) or technology(ies) were involved?

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Has your firm applied for **Phase I funding**?  Yes       No

Did your firm receive funding for Phase I?  Yes       No

If yes, how much funding?    **1996**\_\_\_\_\_    **1997**\_\_\_\_\_    **1998**\_\_\_\_\_

Has your firm applied for **Phase II funding**?  Yes       No

Did your firm receive funding for Phase II?  Yes       No

If yes, how much funding?    **1996**\_\_\_\_\_    **1997**\_\_\_\_\_    **1998**\_\_\_\_\_

**BI.5c. Cooperation with Laboratories**

Has your firm ever worked with either private or government laboratories in the development of assistive technology products or related technologies?

Yes       No

If yes, please provide the following information about your cooperative efforts:

<b>Year(s)</b>	<b>Name of Laboratory</b>	<b>Type of Lab: I=Industry G=Govt. U=University O=Other</b>	<b>Products or Related Technologies Developed</b>

Would you be interested in working with government laboratories on new or additional product and/or technology development projects?

Yes       No

**BI.5c. Cooperation with Laboratories (continued):** If yes, listed below are some of the mechanisms available for working with federal laboratories. Please indicate with a ✓ which one(s) would be of interest to you.

<b>Mechanisms</b>	<b>✓</b>
Personnel Exchanges	<input type="checkbox"/>
Cooperative Research and Development Agreements (CRADAs)	<input type="checkbox"/>
Finding Technical Assistance	<input type="checkbox"/>
Forming Consortia	<input type="checkbox"/>
Acquiring Software	<input type="checkbox"/>
Licensing	<input type="checkbox"/>
Work For Others (WFO) Arrangements	<input type="checkbox"/>

Do you know how to access the expertise and resources of the federal laboratories?

Yes       No

### **BI.6 Manufacturing Assistance**

What types of manufacturing assistance would increase your firm's output?

- |   |   |
|---|---|
| <input type="checkbox"/> equipment demonstration  | <input type="checkbox"/> process verification |
| <input type="checkbox"/> ISO 9000   | <input type="checkbox"/> metrology            |
| <input type="checkbox"/> CE Mark (demonstrating compliance with European safety requirements) |   |
| <input type="checkbox"/> other:   |   |

### **BI.7 Changes in Product Line**

Select (✓) the option that best represents your company's approach to new **products**:

- Actively seeking new products from outside sources
- Not active but willing to review new products from outside sources
- Not willing to review new products from outside sources but have capacity to develop new products internally
- Have more new products internally than we are able to introduce
- Not developing or seeking new products

### **BI.8 Emerging Technologies**

**BI.8a.** Select the option that best represents your company's approach to new **technologies**:

- Actively seeking technologies from outside sources
- Not actively seeking technologies but willing to review new technology opportunities as they become available
- Not interested in acquiring new technologies

**BI.8b.** For each of the following technologies, please indicate (by writing a **1, 2, 3, 4, or 5** in the box next to each row) to indicate whether these technologies.....

- 1.....are currently incorporated into your products.
- 2.....would improve your firm's productivity if incorporated.
- 3.....would improve your firm's products if incorporated.
- 4.....will be important additions to your products in the next 5-10 years.
- 5.....cannot be applied to my product line

Also, indicate (✓) if you are interested in free consulting assistance from the member laboratories of the Federal Laboratory Consortium (FLC) for any of the technologies listed.

Technology Description	1-5	Free FLC Consulting?(✓)
<b>Electronic Components &amp; Systems</b>		
<b>Board-level Electronics</b>		
<b>Lasers/Optics</b>		
<b>Integrated Circuits</b>		
<b>Software Programs</b>		
<b>Mechanical Components</b>		
<b>Fastening, Joining &amp; Assembly</b>		
<b>Ferrous and Nonferrous Metals</b>		
<b>Composite Materials</b>		
<b>Plastics and Non-Metals</b>		
<b>Sensors/Transducers</b>		
<b>Test/Measurement Instruments</b>		
<b>Motion Control Equipment</b>		
<b>Fluid Power &amp; Handling Devices</b>		
<b>Energy Cells</b>		
<b>Other: _____</b>		
<b>Other: _____</b>		

## BI.9 Potential Obstacles:

Please indicate your perception of the following as potential obstacles to your business. Use the scale below to score each item from 0-5.

<b>0</b>	<b>Not an obstacle at all</b>	<b>3</b>	<b>Moderately difficult obstacle</b>
<b>1</b>	<b>Only a minor obstacle</b>	<b>4</b>	<b>Extremely difficult obstacle</b>
<b>2</b>	<b>Average difficulty obstacle</b>	<b>5</b>	<b>Insurmountable obstacle</b>

### Competitiveness

- Foreign Competition
- Tariffs and trade barriers
- Reliance on foreign parts and components
- Lack of US suppliers for manufacturing equipment
- General state of the U.S. economy
- Other (specify)

### Market Information

- Inadequate information regarding the demand for your product
- Inadequate information regarding the physical parameters of usability of your product for persons with disabilities
- Other (specify)

### Legal Issues

- Generally litigious environment
- Obtaining FDA approval
- Environmental and health regulations
- U.S. Government auditing policies and tax laws
- Other (specify)

### Labor and Production

- High U.S. labor costs
- Problems with production scheduling and product development
- Lack of automation/robotics
- Poor education system
- Labor turnover
- Other (specify)

### Other

- Other (specify)

**BI.10 Employment**

**BI.10a Workforce and Job Skills**

For 1997, 1998, and 1999 (estimated), enter the total number of full-time equivalent workers for your organization employed in activities related to assistive technology devices at all facilities in the United States, including part-time employees, that are employed at year end.

	1997	1998	1999 (est.)
<b>TOTAL</b>			

For each year reported above, please divide your total number of employees into the following categories, estimating where necessary:

JOB CATEGORY	1997	1998	1999 (est.)
<b>Scientists, Engineers and Technicians</b>			
<b>Healthcare Professionals</b>			
<b>Manufacturing</b>			
<b>Assembly</b>			
<b>Marketing/Sales/General &amp; Administrative</b>			
Other _____			
Other _____			

**BI.10b Employment Issues**

Are any of the following items current or projected employment issues that may adversely affect your assistive technology manufacturing or R&D operations? If so, please describe them below:

- shortages of certain skills \_\_\_\_\_
- excessive turnover \_\_\_\_\_
- liability claims \_\_\_\_\_
- other \_\_\_\_\_



## BI.11 Government and Private Organization Funding

Choose a number from the scale below to indicate the impact of the following AT market forces:

### Scale:

**Very adverse impact: 1**  
**Negative impact: 2**  
**No impact: 3**  
**Positive impact: 4**  
**Very beneficial impact: 5**

### Description

### Enter 1-5

Decreased Government R&D funding \_\_\_\_\_

Access to low cost capital \_\_\_\_\_

Managed care \_\_\_\_\_

State Medicaid \_\_\_\_\_

Medicare \_\_\_\_\_

Private insurance reimbursement \_\_\_\_\_

Workman's compensation \_\_\_\_\_

Other sources of funding to consumer to offset purchase price \_\_\_\_\_

Decreased vocational rehabilitation funding \_\_\_\_\_

Tax credits and/or incentives for purchase of assistive technology devices \_\_\_\_\_

Tax credits and/or incentives for creation of accessible facilities \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**SECTION B**  
**II. FINANCIAL STATUS**

**BII.1 R&D Expenditures:**

Please indicate your total expenditures for assistive technology R&D in dollars for 1997 through 1999, providing estimates for 1999. For each year, indicate the amount of funding received from the sources listed (both internal and external).

	<b>1997</b>	<b>1998</b>	<b>1999 (est.)</b>
<b>TOTAL</b>	\$_____.00	\$_____.00	\$_____.00
<b>Internal Funding</b>	\$_____.00	\$_____.00	\$_____.00
<b>External Funding:</b>			
Federal Government:			
SBIR Phase 1 (How many?___)	\$_____.00	\$_____.00	\$_____.00
SBIR Phase 2 (How many?___)	\$_____.00	\$_____.00	\$_____.00
STTR Phase 1 (How many?___)	\$_____.00	\$_____.00	\$_____.00
STTR Phase 2 (How many?___)	\$_____.00	\$_____.00	\$_____.00
Other Grants	\$_____.00	\$_____.00	\$_____.00
Contracts	\$_____.00	\$_____.00	\$_____.00
Other Federal	\$_____.00	\$_____.00	\$_____.00
Other Public	\$_____.00	\$_____.00	\$_____.00
Private Contracts	\$_____.00	\$_____.00	\$_____.00
Private Foundations	\$_____.00	\$_____.00	\$_____.00
Other Private Sources	\$_____.00	\$_____.00	\$_____.00

**BII.2 Capital Expenditures:**

Capital Expenditures are costs incurred in the acquisition of assets used in the production of assistive technology-related capital plant and equipment. Please provide dollar amounts for the expenditures your firm *incurred* (whether paid in the year or in a subsequent year) in dollars for 1997 through 1999. For each year, indicate your sources (internal or external) for capital funding.

	<b>1997</b>	<b>1998</b>	<b>1999 (est.)</b>
<b>TOTAL</b>	\$_____00	\$_____00	\$_____00
<b>Internally Funded</b>	\$_____00	\$_____00	\$_____00
<b>Externally Funded</b>	\$_____00	\$_____00	\$_____00

**BII.3 Sales by Region:**

Please provide the sales by region for all assistive technology devices and equipment. Include all intracompany transfers/transportations at their fair market value, reported in dollars.

	<b>1997</b>	<b>1998</b>	<b>1999 (est.)</b>
<b>TOTAL SALES:</b>	\$_____00	\$_____00	\$_____00
United States	\$_____00	\$_____00	\$_____00
Canada/Mexico	\$_____00	\$_____00	\$_____00
Western Europe	\$_____00	\$_____00	\$_____00
Eastern Europe	\$_____00	\$_____00	\$_____00
South America	\$_____00	\$_____00	\$_____00
Central America	\$_____00	\$_____00	\$_____00
Middle East	\$_____00	\$_____00	\$_____00
Asia/Pac. Rim	\$_____00	\$_____00	\$_____00
Africa	\$_____00	\$_____00	\$_____00
Australia	\$_____00	\$_____00	\$_____00
Other_____	\$_____00	\$_____00	\$_____00

