

20/20 VISION

PRESCRIPTION

Email this sheet to your Director every Monday!

Name: _____

Month: _____

Phone: _____

Director: _____

Start Date: _____

End Date: _____



- 5 NAMES PER DAY
- 3 PARTIES PER WEEK
- 2 BOOKINGS PER DAY
- 1 SUCCESS EVENT PER WEEK
- 6 CAREER CHATS PER WEEK
- ALWAYS BE A STAR

20/20 Faces		20/20 Career Chats		30/20 Faces and Career Chats		40/20 Faces and Career Chats	
_____	_____	_____ R	_____ R	_____	_____ R	_____	_____ R
_____	_____	_____ N	_____ N	_____	_____ N	_____	_____ N
Name and \$ sold	Name and \$ sold	Name F	Name F	Name and \$ sold	Name F	Name and \$ sold	Name F
_____	_____	_____ R	_____ R	_____	_____ R	_____	_____ R
_____	_____	_____ N	_____ N	_____	_____ N	_____	_____ N
Name and \$ sold	Name and \$ sold	Name F	Name F	Name and \$ sold	Name F	Name and \$ sold	Name F

5 New Contacts + 2 New Bookings per day!							
<i>(check the day of the month each time you meet your goal)</i>							
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

Which Myers National Area level of Vision Achievement will you reach?

- 20/20 Vision Seeker
- 30/20 Vision Caster
- 40/20 Vision Keeper

Kristin Myers NSD
SIGNATURE