

Botanical Effects® Skin Care Survey

Circle Yes or No:

- 1) Did it leave your skin feeling nourished? **Yes / No**
- 2) Did it provide immediate hydration? **Yes / No**
- 3) Are you currently using a skincare program? **Yes / No**
- If yes, which brand?
- 4) What is the number one thing you would like to change about your skin?
- 5) Would you like more information on the Mary Kay opportunity? **Yes / No**
- 6) Would you be interested in sharing a complementary facial with a few friends in exchange for FREE products? **Yes / No**

Compared to my current skin care program, I like the Botanical Effects® products (check one)

- More than what I'm currently using
- Just as well as what I'm currently using
- Not as well as what I'm currently using

Name:

Date:

Phone:

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