## \*I'd Lve Your Opinion Form\*

Name: Date:
Cell Phone No.:
E-mail address:
Address:
Current Occupation:
Your Consultant's Name:
1. What did you LOVE about what you heard in the video?
2. Out of the FOUR F's, which one intrigued you the most? Why?
3. What skillset do you have that could help you be good at this business?
4. Is there anything holding you back?
5. If you knew you couldn't fail, and there would be someone there to love, mentor and teach you everything you need to know to be a successful beauty consultant, is there any reason why you wouldn't want to get started today?
6. What is your level of interest on a scale of 1 to 10, without being a 5?  1 2 3 4 No5s 6 7 8 9 10
Never Sign Me Up
Thank you for completing the survey! We appreciate you! Your name will be entered into the Michael Kors drawing!
Director Name: