

1) Are you currently using a skin-care system? ___Y ___N
2) Are you happy with the results you are receiving? ___Y ___N
3) What is your skin type? ___Normal/Dry ___Combo/Oily ___Sensitive
4) If there was one thing you could change about your skin, what would that be? _____
5) Do you have a Mary Kay Consultant servicing you? ___Y ___N
If yes, her name: _____
6) If I were to offer you a **FREE FACIAL**, would you be willing to give me your opinion of our products? ___Y ___N
7) If yes, would you prefer: ___daytime ___evening? ___One-on-one ___with 1-2 friends ___with 6 or more friends?
8) Mary Kay is looking for sharp women who would like to make more money (part-time or full-time) and/or move into Leadership. Would you be interested in hearing more info? ___Y ___N
Name: _____
Address: _____
City, State, Zip: _____
Cell #: _____ OK to Text
Best time to call: _____
Email: _____
Age group: ___18-23 ___24-39 ___40-55 ___56+

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