TELL Me what YOU Think...

NAME _____ Date _____

PHONE: _____

YOUR MK Consultant: _____

◊ **C** _____

◊ **O** _____

◊ **A** _____

◊ **C** _____

◊ **H** _____
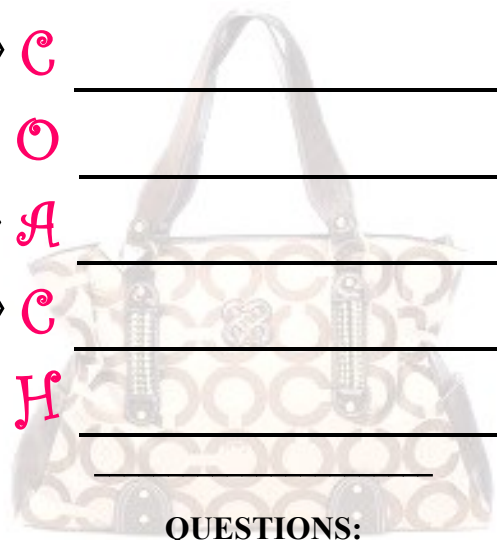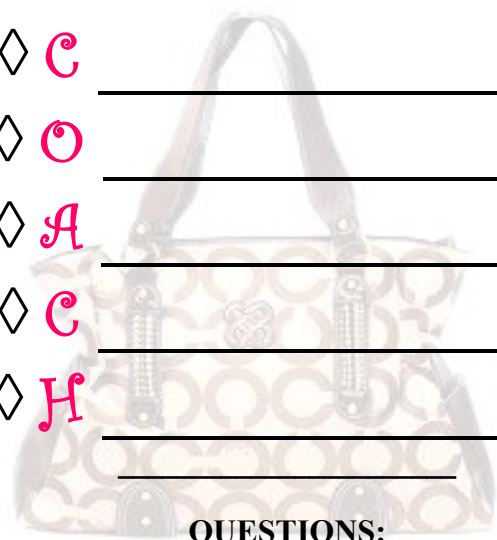
QUESTIONS:

1. _____

2. _____

3. _____

Referral Name: _____

Phone #: _____

Circle one:

A   B   C