

Date: / /

1. Are you currently using a skin care program?  
YES NO
  2. Are you happy with the results? YES NO
  4. Have you ever had a microdermabrasion?  
YES NO
  5. Do you currently have a Mary Kay Consultant? YES NO
  6. If I were to give you a free Booster Facial with Microdermabrasion, Eye Zone, Hand & Lip Treatments would you give me your opinion of our products? YES NO
  7. Would you prefer to try products for Anti Aging & Repairing, or Acne? \_\_\_\_\_
  8. Would you like \$50 in free products for sharing your experience with 5-6 others? \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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