

MARY KAY

SKIN CARE SURVEY

Name: _____

Phone: _____ I prefer text _____ or call _____

Email: _____

Age: 18-25 25-50 50+

Do you use a skin care system? No Yes Brand: _____

Have you tried Mary Kay? No Yes

Do you currently have a Mary Kay consultant? No Yes
(If yes, her name is: _____)

Which of the following would be of interest to you?

- _____ New Product Test Panel
- _____ Fountain of Youth Age Fighting Skin Care Clinic
- _____ On Trend Makeup for the Season and Basic Skin Care
- _____ Hosting a Girl's Day/Night Out Party in my home

I would like more information about:

- _____ Earning some fun money with Mary Kay
- _____ Leadership & Management Position with Mary Kay

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