Skin Care Surve	y Name:	Name:			
	Address:	Address:			
MARY K	City:	State:	Zip:		
Y	Home Ph:	Cell:			
2	Best time to call is:				
Are you currently using a skin care program? YES / NO					
Are you happy with the results you are receiving? YES / NC					
What type of skin do you feel you have? DRY / NORMAL / OILY / COMBC					
Have you ever tried Ma	YES / NO				
If I were to give you a free facial and makeover, would you give me your opinion of our products? YES / NO					
If yes, would you prefer to have your facial ALONE / WITH 1-2 FRIENDS					
I am interested in: SKIN CARE / GLAMOUR / CAREER OPPORTUNIT					
I prefer products for: PURE/SENSITIVE DRY-NORMAL-OILY AGE REVERSAL					

	Skin Care Survey		y Name:	Name:			
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	MARY KA		3	City:	State: _	Zip:	
	IAI	Section of the sectio	The state of the s	Home Ph:	Cell	:	
	N	Σ	В	Best time to call	is:		
	Are	YES / NO					
	Are you happy with the results you are receiving? What type of skin do you feel you have? DRY / NORMAL / OIL					YES / NO	
						/OILY/COMBO	
	Have you ever tried Mary Kay Cosmetics?				YES / NO		
	If I v	YES / NO					
	If yes, would you prefer to have your facial ALONE / WITH					ITH 1-2 FRIENDS	
	I an	n intereste	d in:	SKIN CARE / GL	AMOUR / CAREEF	R OPPORTUNITY	
	I pro	efer produ	cts for:	PURE/SENSITIVE	DRY-NORMAL-OILY	AGE REVERSAL	

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