

# Studio209 Lead Generating Slips

Name: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Have you ever tried our product? **YES NO**  
Do you currently have a consultant? **YES NO**  
Her name: \_\_\_\_\_  
Age:  Under 18  18-24  25+  
I'm interested in: (check all that apply)  
 CLEANSE & MOISTURIZE  Facial (just me or with 1 friend)  
 **Color & Glamour**  Party (with 2 or more friends)  
 *Charcoal Mask*  Trying it all!  
 WEDDING CONSULTATION  
(wedding date: \_\_\_\_\_)  
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