

# Organize your Leads

For loose lead slips, simply tape each one into a note book with enough space next to each one to take notes. (Such as where you met them, and the dates you contact them.)

For larger, full-size sheets such as the Fabulous Game, simply 3-hole punch each sheet and place inside a labeled 3-ring binder.

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: \_\_\_\_\_)  
Stacey

*Met on 3/14/2020 at the northpointe mall  
Red Hair*

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: \_\_\_\_\_)  
Stacey

*Met on 3/15/2020 at walmart  
blonde, little girl in cute hat*

*called 3/15/20  
texted 3/20/2020*



# 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)

- |  |  |
|--|--|
| <input type="checkbox"/> CLEANSE & MOISTURIZE                          | <input type="checkbox"/> Facial (just me or with 1 friend) |
| <input type="checkbox"/> <b>Color &amp; Glamour</b>                    | <input type="checkbox"/> Party (with 2 or more friends)    |
| <input type="checkbox"/> <i>Charcoal Mask</i>                          | <input type="checkbox"/> Trying it all!                    |
| <input type="checkbox"/> WEDDING CONSULTATION<br>(wedding date: _____) |  |

Studio209

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City/State: \_\_\_\_\_

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Studio209

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Studio209

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Studio209

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Studio209

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Studio209