

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City,State,Zip: \_\_\_\_\_  
Best Way to Reach me: \_\_\_\_\_ (circle)home/work/cell

### Skin Care Survey

1. Are you currently using a skin care line?      yes    no    If yes, what: \_\_\_\_\_
2. Are you satisfied with your current skin care line?    yes    no
3. What would you like to change about your skin? \_\_\_\_\_
4. Have you ever tried Mary Kay?                      yes    no    If yes, when: \_\_\_\_\_
5. Do you currently have a Mary Kay consultant that services you?    yes    no  
Her name: \_\_\_\_\_
6. If I were to offer you a free facial would you be willing to try our products and share your opinion?                      yes    no  
Which time of the day is best?    morning    afternoon    evening
7. Would you prefer your facial to be alone or shared with friends? \_\_\_\_\_
8. Would you be interested in hearing about what Mary Kay has to offer in part-time or full time career opportunities?                      yes    no

*Thank you for completing this survey, I appreciate your help!*

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