

## Skin Care Survey

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best Time to Reach Me: \_\_\_\_\_

1. Are you currently using a skin care program?      Yes      No  
*If yes, are you happy with the results?* \_\_\_\_\_
2. Have you ever tried Mary Kay before?      Yes      No  
*If yes, when?* \_\_\_\_\_
3. Do you currently have a Mary Kay Consultant servicing you?      Yes      No  
*If yes, what is her name?* \_\_\_\_\_
4. If I offered you a complimentary facial, would you be interested in trying our products and sharing your opinion?      Yes      No  
*What time of the day is best to get together?* \_\_\_\_\_
5. Would you prefer your facial alone or with friends? \_\_\_\_\_
6. Would you be interested in hearing more about what Mary Kay has to offer in part-time or full-time career opportunities?      Yes      No

*Thank you for completing this survey!*

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