SKIN CARE SURVEY

1. Are you currently using a skin care program? Yes No
2. Have you ever tried Mary Kay Cosmetics? Yes No
3. Do you have a Mary Kay Consultant? Yes No
4. If I were to offer you a FREE facial/makeover, would you give me your opinion of our products? Yes No
5. Would you prefer to have your makeover: Alone or With friends
   Daytime or Evening

Name_____Today's Date_____

Address_____Zip_____

Phone: (H)_____(W)_____E-mail_____
Best time to call: _____Morning _____Afternoon _____Evening

Age: 12-17 18-25 26-39 40-55 56+ THANK YOU!

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