



Tell me what you think....

Name: _____

Phone Number: _____

Email Address: _____

Did you understand how to apply? Y/N

How did your face feel after?

Have you looked into natural products before? Y/N

What is your perception of the price point on the product line?

What was your favorite thing about what you tried today?

Would you recommend this line to a friend? Y/N

Thank you for participating. Would you like to pre-order today? Y/N



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