Skin Care Survey	Name:			
KA	Address:			
	City:	_ State:	Zip:	
AN ARA ANA ANA ANA ANA ANA ANA ANA ANA A	Home Ph:	Cell: _		
Z Be	est time to call is:			
Are you currently using a skin care program? YES / NO				
Are you happy with the results you are receiving?			YES / NO	
What type of skin do you feel you have? DRY / NORMAL / OILY / COMBO				
Have you ever tried Mary Kay Cosmetics?			YES / NO	
If I were to give you a free facial and makeover, would you give me your opinion of our products? YES / NO				
If yes, would you prefer to have your facial ALONE / WITH 1-2 FRIENDS				
I am interested in: S	KIN CARE / GLAMOUR	/ CAREER O	PPORTUNITY	
I prefer products for: P	PURE/SENSITIVE DRY-NO	RMAL-OILY	AGE REVERSAL	

$>^{s}$	ikin Care Surv	<b>ey</b> Name:			
KA MARKA		Address:	Address:		
2		City:	State:	Zip:	
MARY KA	Home Ph:	Cell:			
	Best time to call is	3:			
Are you currently using a skin care program? YE				YES / NO	
Are you happy with the results you are receiving?			YES / NO		
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l pr	efer products for:	PURE/SENSITIVE	DRY-NORMAL-OILY	AGE REVERSAL	

Skin Care Surve	<b>y</b> Name:			
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Skin Care Survey	Name:			
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