

Mary Kay Skin Care Survey

1. Are you currently using a skin care program? **YES NO**
2. Are you happy with the condition of your skin? **YES NO**
3. Have you ever tried Mary Kay products before? **YES NO**
If YES, when? _____ Who is your consultant? _____
4. What, if anything would you like to change about your skin?
5. Would you be willing to give me your honest opinion of Mary Kay's current line of products if I gave you a Free facial and makeover?

ALONE WITH FRIENDS

Name _____ Email _____
Phone (Day) _____ (Evening) _____
Address _____
City _____ State ____ Zip _____

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