**SKIN CARE SURVEY**

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: 20’s 30’s 40’s 50’s 60’s 70’s +

Have you ever tried Mary Kay skin care? yes no

Do you have a Mary Kay Consultant? yes no

Would you be willing to give your honest opinion of

Mary Kay skin care? yes no

Would you rather receive your facial alone or with friends?

Alone With Friends

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact: email text call

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