

SKIN CARE SURVEY

Name: _____

Address: _____ Phone: _____

_____ Email: _____

1. What Skin Care products do you currently use? _____
2. Have you tried Mary Kay products? Yes No If yes, when: _____
3. If we schedule a Beauty Experience, would you prefer your experience to be:
 One-on-One with 3-6 of your girlfriends at one of our Events
4. Have you stood in the cosmetics aisle frustrated and confused? Yes No
5. Would you like information on partnering with me in Mary Kay?
 Yes Maybe No, Thank you
6. What is your current age?
 Under 18 18-22 23-39 40-55 55+



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