

**Mineral Powder Skin Care Survey**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please Call me at:  
Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

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

Email \_\_\_\_\_

- 1) I am currently using a skin care line.  
\_\_Yes \_\_No
- 2) Have you ever tried Mary Kay before?  
\_\_Yes \_\_No
- 3) Do you have a Mary Kay consultant who currently services you? \_\_\_\_\_
- 4) If I were to offer you a Mineral Powder Makeover Session with a \$25 gift certificate, would you be willing to try our brand new products and give me your opinion?  
\_\_Yes \_\_No

*Thank you for completing this survey. I appreciate your help.*

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