Skin Care Surv	ey Name:			
KA Karana	Address:	Address:		
	City:	State: _	Zip:	
MARY	Home Ph:	Cell:		
2 1 1 E	Best 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:	SKIN CARE / GLAMO	OUR / CAREER	OPPORTUNITY	
I prefer products for:	PURE/SENSITIVE DR	Y-NORMAL-OILY	AGE REVERSAL	

Skin Care Survey	Name:			
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	City:	State: _	Zip:	
MARY	Home Ph:	Cell:	:	
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	KA was no	Address:		 		
		City:	State:	Zip:		
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