

We Value Your Feedback

Your Name: _____

Phone #: _____

Email: _____

Age: _____

Consultants Name: _____



Did you have fun today? Yes No

Is this the first time you've tried Mary Kay? Yes No

Do you like how your skin looks/feels? Yes No

Would you recommend a Mary Kay facial to your friends? Yes No

Of the products you tried today, which are your favorites? _____

For your check-up appointment, which do you prefer?

- Fast/Fun Party (2 - 3 friends)
- Skin Care Party (4 - 6 friends)
- Girl's Night Out (8 - 20 people) Super FUN!
- Velocity Class (teens & their Mom's)
- Spa Pampering Show (Satin Hands/Satin Facials)
- Collection Preview/Gift Show



Thinking about your overall experience, what stood out or impressed you the most?

Based on your experience today, do you see yourself becoming a Mary Kay customer? Yes No

Based on the Mary Kay business plan information you heard, how would you rate your interest in the Mary Kay opportunity for yourself, either part-time or full-time?

- I'm interested, please tell me how to get started
- Not quite sure, I would like more information
- Not at all interested

***I enjoyed our time
together...Thank You!***