

MARY KAY Skin Care Survey Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Ph: _____ Cell: _____

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 / GLAMOUR / CAREER OPPORTUNITY

I prefer products for: PURE/SENSITIVE DRY-NORMAL-OILY AGE REVERSAL

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