

MK Group Guest Sheet

Date: _____

Consultant's Name _____

Complete this form and receive 1 ticket for the prize drawing!

Name _____

Address _____ Birth Day _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address: _____

What products are you currently using? _____

What would you like to change or improve about your skin?

What would you like to learn more about at your custom color consult: _____

My Skin Tone is: Ivory _____ Beige _____ Bronze _____

My Skin Type is: Dry _____ Combo _____ Oily _____ Normal _____

What foundation would you prefer? Moisturizing Liquid _____
Matte Liquid _____ Mineral Loose Powder _____

Please help my special gift giver with gift ideas:

Name: _____ Cell or Email: _____

Top 4 SETS # _____, # _____, # _____, # _____

Order Ticket

Items Ordered	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Make Checks payable to: Sub Total _____

Sales Tax (6%) _____

Total Due _____

Account # _____ Exp. _____

Date _____ Signature: _____



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Fabulous Friends & Family Game

Gifts & Pampering for the most fabulous people in your life!

NAME

PHONE #

NAME

PHONE #

Funny/Witty

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Courageous
Cancer Survivors

Outgoing

Professional
Well Put Together

Generous/ Kind

Professionals
Medical Teacher

16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

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26. _____
27. _____
28. _____
29. _____
30. _____

What Women Want Marketing Survey

1. What would you like more of in your life right now (circle one)...

FUN & Girlfriend time.....Money & Perks.....Flexibility.....Making a difference to someone else?

2. From everything you heard today about the MK opportunity, what was most appealing?

3. If you could ask 2 questions about the MK opportunity, what would they be?

4. If you were to try MK what is a personal strength that would help you be successful?

5. If you knew you couldn't fail, would there be any reason why you wouldn't want to give it try?

6. If you joined MK what could be different in your life a year from now?

7.

Name: _____ Best phone# to reach you: _____ Occupation: _____

Your Consultant's Name: _____ Your Consultant's Director: _____ Date: _____
(if you don't know just ask your consultant)

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