

Name: _____
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Do you receive "The Look" Magazine Quarterly?
___ Yes ___ No
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INTERESTS:

- | | |
|--|---|
| ___ Healthy skin care tested for sensitive skin! | ___ Making my eyes POP! |
| ___ Antioxidant powerhouse skin care that interrupts the triggers that cause skin to look older before its time. | ___ Perfect colors & product placement for my skin tone, hair color, eye color, face shape, & lips! |
| ___ Skin care for advanced signs of aging that will reduce deep lines & wrinkles and recapture my youth! | ___ A perfect & flawless foundation match! |
| ___ Controlling oil & preventing blemishes! | ___ Body skin that is firmed, toned & hydrated! |
| | ___ Preparing my face and body skin for an upcoming BIG Event! |

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