

**SAMPLER SURVEY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Best Time To Reach: \_\_\_AM \_\_\_PM

Do you have a Mary Kay Beauty Consultant? \_\_\_YES \_\_\_No

If so, who? \_\_\_\_\_

<p>1. What product &amp; color did you sample? _____</p> <p>2. What did you like about this product? _____</p> <p>3. Was there anything you did not like? _____</p> <p>4. If you were in the market, is this a product you would consider purchasing? _____ **If yes, please accept a 10% discount from me for sampling and giving your opinion.</p> <p>5. Are there other products you would be willing to sample and give your opinion of? (Check all that apply.) _____</p> <p>___Anti-Aging Skin Care    ___Eye Colors ___Anti-Aging for Eye Area    ___Check Colors ___Hydration Skin Products    ___Lip Gloss ___Oil Control Products    ___Lipsticks</p>	<p>I would be interested in receiving instruction and education in the following areas:</p> <p>___Eye Makeup Application &amp; Color designed specifically for my eye shape &amp; color</p> <p>___Cheek Color placement specific to my face shape</p> <p>___Preventing dry chapped lips</p> <p>___Providing an even skin tone &amp; minimizing facial lines &amp; lines in the eye area</p> <p>___Controlling dry skin on my face, hands or body</p> <p>___Controlling oil &amp; preventing blemishes</p> <p>___Reducing puffiness in the eye area</p> <p>___Keeping lip color from fading/feathering</p> <p>___Help with spider veins &amp; cellulite</p>
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