

A B C

Today's Date: _____

Make-Up Skincare Head to Toe

Tell me about you!

Name: _____ D.O.B (05/14): _____ Anniversary (10/2018): _____

Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Does your skin feel (circle one) normal/dry or combination/oily

What is one thing you'd like to improve on? _____

Are you noticing improvement with your current regimen? (circle one) Yes or No

CONSULTANT USE ONLY: CC Cream VL or LM or MD or D or VD

TW Full Coverage W N C Ivory Beige Bronze _____

Nominate 15 women in your life who are overworked & underpaid for a platinum pampering session and gift!

Name: _____ Name: _____ Name: _____

Phone#: _____ Phone#: _____ Phone#: _____

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Phone#: _____ Phone#: _____ Phone#: _____

Name: _____ Name: _____ Name: _____

Phone#: _____ Phone#: _____ Phone#: _____

Name: _____ Name: _____ Name: _____

Phone#: _____ Phone#: _____ Phone#: _____

Name: _____ Name: _____ Name: _____

Phone#: _____ Phone#: _____ Phone#: _____

My favorites list!

① _____

② _____

③ _____

④ _____

⑤ _____

Who are your favorite gift givers?

Name: _____

Phone#: _____

Name: _____

Phone#: _____

