MARY KAY

Special Event Registration for Product Drawing & Color Makeover

Name:
Address:
City: State:
Zip:Email:
Phone: (h) (w)
(cell) Best time to reach you:
(please circle answers)
Have you ever had a Mary Kay Facial? YES NO
Do you have a Consultant at this time: YES NO If so, her name?
Are you over 18? YES NO
Type of special event: Wedding
Are you the bride? YES NO
Date of Special Event:/
 Would you like information on a Mary Kay business? YES NO
 Would you like to be included in a before and after makeover portfolio? YES NO
Today's Date:

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& C	Golor Makeover	
Name:		
Address:		
City:	State:	
Zip:	Email:	
Phone: (h)	(w)	
(cell)	Best time to reach you:	
(please circle answers)		
• Have you ever had a	a Mary Kay Facial? YES NO	
Do you have a Consultant at this time: YES NO If so, her name?		
• Are you over 18?	YES NO	
• Type of special even	nt: Wedding Anniversary	
• Are you the bride?	YES NO	
Date of Special Ever//		
Would you like infor YES NO	mation on a Mary Kay business?	
 Would you like to makeover portfolio? 	be included in a before and after YES NO	