

# 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 Anniversary
- 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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