

Special Events Questionnaire

Our goal is to help people with both their specific health challenges, as well as strengthen their financial condition and help them accomplish their goals and dreams. Therefore, your feedback is important to us. Please take a moment to answer the following questions:

How did you hear about our seminar? _____

Did you find the information valuable? Yes No

Do you want more information on the subject? Yes No

Are you interested in additional wellness seminars? Yes No

If so, on what subject(s)? _____

What did you like about what you heard today?

How can we improve future events?

Do you know of someone who can benefit from what you have heard today?

Where do you see yourself at this time:

- _____ Product consumer
- _____ Product advocate (someone who shares with a few people to defray the product cost)
- _____ Someone who would like to team up with us and participate in future events

Are you interested in purchasing any of the following products ?

- _____ Enrich & Thin Weight Loss System \$ _____
- _____ Body Synergy Anti-Craving Formula _____
- _____ Body Synergy Fat Burner _____
- _____ Enrich & Thin Burn Dietary Supplement _____
- _____ Bios Life 2 _____
- _____ Cellular Essentials _____

Name: _____

Address: _____

Phone: _____ e-mail address: _____

Card Type: Visa _____ Master Card _____ Discover _____ Debit Card _____

Credit Card #: _____ Ex. Date: _____

Cardholder Name: _____