



MARY KAY® Registration

Please fill out completely
for entry into the drawing.

Have you ever tried Mary Kay products?

- Yes No

Are you currently working with a Mary Kay Consultant?

- Yes No

Name _____

Address _____

City _____ ST _____ Zip _____

Best Way to Reach You—

Home Phone # _____

Cell Phone # _____

Work Phone # _____

E-mail _____

Best Time to Reach you: A.M. Noon P.M.

- I would like to have a Mary Kay makeover.
- I would like to share my Pampering Party with:
 - Girls Nite Out (4+ friends) 2-3 Girlfriends Just me
- I would like more information on the Mary Kay career.



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