

FOR MY INFORMATION

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

CONSULTANT NUMBER _____

DATE OF BIRTH _____

SPOUSES NAME _____

CHILDREN'S NAMES _____

WEDDING ANNIVERSARY _____

PREVIOUS SALES EXPERIENCE _____

WHAT ARE YOU DESIRING TO GAIN AS A CONSULTANT WITH OUR COMPANY? _____

HOW MANY SHOWS/PARTIES DO YOU PLAN ON DOING WEEKLY? _____

GIVE ME A FEW DESCRIPTIVE WORDS OF YOURSELF _____

PERSONAL GOALS? _____

GREATEST FEAR _____

GREATEST DESIRE _____

WILL YOU BE CONSIDERING MANAGEMENT? _____

CRAFTS AND/OR HOBBIES THAT YOU ENJOY _____
