***THANK YOU FOR BEING HERE!***

***Please fill out the form below and put it in the drawing for our door prize. I am so glad you were able to attend today and I look forward to helping you meet your wellness needs!***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to receive more information on:

\_\_\_\_ Free Personalized Health Evaluation

\_\_\_\_ Nutrition Program for \_\_\_Children, \_\_\_\_Men, \_\_\_\_Women, \_\_\_\_Other Specific Health Concern  
\_\_\_\_ LifePlan

\_\_\_\_ Shaklee180: Inch Loss (SAFE and highly EFFECTIVE products)

\_\_\_\_ Enfuselle Advanced Skin Care Products

\_\_\_\_ Get Clean Biodegradable Household Cleaning & Laundry Products

\_\_\_\_ I am interested in learning how to earn my products for free or how to earn additional income.

\_\_\_\_ I would like to host a meeting like this in my home

*Please indicate any additional health concerns, questions or additional information you would like to receive on the back of this card. Thank you!*

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E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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