

Name _____ Date _____

Telephone (____) _____ Fax (____) _____

E-Mail _____

Guest of _____

Birthday (mm/dd) _____

Spouse's Name _____

Children's Name(s) _____

I Am Interested In More Information On:

Nutrition For

_____ Increased Energy

_____ Women / PMS

_____ Beautiful Skin

_____ Osteoporosis

_____ Allergies

_____ Arthritis

_____ Diabetes

_____ Cancer

_____ Stress

_____ Heart Disease

_____ Pregnancy

_____ Safe Weight Loss

_____ Children, Teenagers

_____ Athletes

_____ High Blood Pressure

_____ Other

_____ Skin Care and Makeup

_____ Color Analysis

_____ Safe, Biodegradable Cleaning Products

_____ Saving Money with Members' Discount

_____ Helping Others Feel Better

_____ Part-Time Earnings

_____ Paid For Conventions, Vacations, and Travel

_____ New Bonus Car Every Two Years

_____ Potential Savings in Tax Benefits

_____ I am not interested now, but please call me in the future

Today's Date _____

How Do You Feel Today?

Would You Like To Feel Better?

Name _____ Phone Number (____) _____

Address _____

Check This Side On
 Starting Date _____

Check This Side 30 Days After
 Starting Date _____

- | | | | |
|-------|---|-------|-------|
| | No Pep | | |
| _____ | Overweight / Underweight | _____ | _____ |
| _____ | Splitting, Breaking Fingernails | _____ | _____ |
| _____ | Dull, Thinning Hair | _____ | _____ |
| _____ | Need Coffee, Tea, or Pop to Keep Going | _____ | _____ |
| _____ | Headaches | _____ | _____ |
| _____ | Great Desire for Chocolate, Sweets | _____ | _____ |
| _____ | Constipation / Hemorrhoids | _____ | _____ |
| _____ | Bleeding Gums | _____ | _____ |
| _____ | Bruise Easily | _____ | _____ |
| _____ | Take Aspirin / Tylenol Often | _____ | _____ |
| _____ | Poor Digestion | _____ | _____ |
| _____ | Poor Circulation / Cold Hands, Feet | _____ | _____ |
| _____ | Hard To Wake Up / Get Up in the Morning | _____ | _____ |
| _____ | Can't Fall Asleep | _____ | _____ |
| _____ | Dry / Oily Skin | _____ | _____ |
| _____ | Complexion Problems | _____ | _____ |
| _____ | Lag Cramps | _____ | _____ |
| _____ | Bad Breath / Smelly Feet | _____ | _____ |
| _____ | Subject to Colds & Infections | _____ | _____ |
| _____ | Nervous or Depressed | _____ | _____ |
| _____ | Various Aches & Pains | _____ | _____ |
| _____ | Have Vague "Blah" Feeling | _____ | _____ |
| _____ | Require Tranquilizers | _____ | _____ |
| _____ | Use Antacids (Tums, Rolaids, etc) | _____ | _____ |
| _____ | Shortness of Breath | _____ | _____ |
| _____ | Under Stress | _____ | _____ |
| _____ | High Cholesterol / Triglycerides | _____ | _____ |
| _____ | Sinus & Allergy Problems | _____ | _____ |
| _____ | Backaches | _____ | _____ |
| _____ | Joint Stiffness | _____ | _____ |
| _____ | Water Retention | _____ | _____ |
| _____ | Menstrual Cramps / PMS | _____ | _____ |
| _____ | Hot Flashes | _____ | _____ |

Family History: Cancer Heart Stroke Diabetes Other _____