

Get InFORMed

Name _____ Cell Phone _____

Address _____ Other Phone _____

_____ Ok to text _____

Date/place of 1st contact _____

Follow up contact dates _____

Spouse _____ Children _____

Current _____ Past _____

Enjoys _____

What change would s/he like? _____

Notes (Why would the business be good for her/him?)

Edge (Why would s/he be good for the business? Mark all that apply)

<input type="checkbox"/> People Skills	<input type="checkbox"/> Large circle of influence	<input type="checkbox"/> Hard Worker
<input type="checkbox"/> Sense of humor	<input type="checkbox"/> Organized	<input type="checkbox"/> Self-starter
<input type="checkbox"/> Self-confidence	<input type="checkbox"/> Good Listener	<input type="checkbox"/> Marketing Skills
<input type="checkbox"/> Leadership Skills	<input type="checkbox"/> Teaching experience	<input type="checkbox"/> Loves the product