



Arbonne Results RE9 Advanced Sign out Sheet

Name of guest testing products _____

Address: _____

City / Postal Code: _____

Phone Number, best time to call: _____

Alternate phone number _____

Email _____ Text? Y or N

Drop off Date: _____ Tester Set # _____

Results Appointment (to return full set to me, discuss the results of product test and have brief 'Discover Arbonne' business presentation):

Date _____ Time from _____ to _____

Location _____

Reminders:

- Special needs for your skin, allergies? _____
Are you very sensitive? If so, try each product separately
- Products are VERY concentrated, use one pump of each to start
- For best results use the entire 5 step day and night system it works synergistically, however, products may be purchased individually
- You may see visible results in days, however, it does take several weeks for your skin cells to turn over, deep clean your skin and for your skin to adjust to these revolutionary self-adjusting products.
- We can discuss 50% discounts at follow up Results meeting and I will bring products from the other lines for you to sample
- We work as a team, my sponsor may attend meeting to help train me

Please have guest testing your product set read and initial –

_____ (name of Arbonne Independent Consultant) is lending me their Arbonne products to sample the full set in the privacy of my own home, exclusively. I'll return the set within 3 days of this sign out at our appointment date/time. I will not allow anyone else to use this set. I will meet for a 30 minute follow up appointment as above.

Guest's Initials _____