

# Product Evaluation Form

Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Brand of cosmetics you currently use \_\_\_\_\_

Agree

Disagree

- |  | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 1. Replenishing Serum+C makes me feel super young        | 1 | 2 | 3 | 4 | 5 |
| 2. Loose Eye Shadows are easy and convenient             | 1 | 2 | 3 | 4 | 5 |
| 3. The new Mineral Colors make my cheeks pop             | 1 | 2 | 3 | 4 | 5 |
| 4. The new NouriShine® Lip Gloss shades fit my skin tone | 1 | 2 | 3 | 4 | 5 |
| 5. The NouriShine® Lip Gloss formula is NOT sticky       | 1 | 2 | 3 | 4 | 5 |
| 6. I will tell a friend about _____                      |   |   |   |   |   |
- If I could, I would purchase \_\_\_\_\_

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