

# Get InFORMed

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

Address \_\_\_\_\_ Phone (eve) \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to contact \_\_\_\_\_

Date/place of 1st contact \_\_\_\_\_

Follow up contact dates \_\_\_\_\_

F amily
O ccupation
R ecreation
M otivation

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 |