



**ALIVE**  
Beauty - Health - Lifestyle

ALIVE Beauty – Health- Lifestyle  
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**PREFER TO REGISTER ONLINE? Go to [www.marykay.ch/elizabethknechtli](http://www.marykay.ch/elizabethknechtli) then at the top right on "Anmelden"**

Or just scan the QR Code to the left.

**Choose how you wish to return this form:**

**PHOTO** - Take a picture of this profile sheet and return to me per Email, Messenger App or call.

**SCAN** – Scan it into your computer and Email it to me.

**CALL ME** - with your answers

## BEAUTY PROFILE

Please fill out all answers to the best of your knowledge.

1. What statement best describes your skin?

- Light to very dry – also on cheeks and forehead
- My skin is normal, not too dry and not too oily
- My skin is only oily in the T-Zone – forehead, nose and chin areas
- My skin is oily almost all over my face
- My skin needs special care – I want major Anti-Aging products

2. When you wake up in the morning, how does your skin feel?

- Dry all over, tight
- Normal, not tight
- Oily in the T Zone (forehead, nose, chin)
- Very oily

3. I have problems with blackheads, acne or skin impurities?

- Never or not often
- Sometimes
- Often
- Very often

4. Explain what you would like to change about your skin?

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5. Check the boxes that apply to the areas you want to focus on in your skin care?

- Even out my skin tone
- Minimize my wrinkles
- Tighten the sensitive skin around my eyes
- Give my skin extra moisture
- Remove my eye make up gently
- Fight acne spots and regulate the oil
- Take care of my body, my silhouette. \*cellulite
- Immediately better my complexion
- Smooth my dry lips
- Take care of my dry hands

First and Last Name \_\_\_\_\_

Street and House Nr. \_\_\_\_\_

Zipcode and City \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Telefon \_\_\_\_\_ SMS: \_\_\_\_\_

Telefon Mobile: \_\_\_\_\_

(Please check your preferred method of contact regarding orders, products etc.)

The best time to reach me is:  morning  afternoon  evening

Do you want to be on my Mailing Lists? Please check all that apply.

- E-mail
- sms
- Telephone call
- Home Address

6. How sensitive would you say your skin is?

- Not sensitive
- A little sensitive
- Very sensitive
- I have an allergy passport

7. My current skin care program consists of.

- Cleansing product
- Mask
- Peeling
- Toner
- Moisturizer
- Foundation Liquid
- Powder
- Water and Soap
- Other: \_\_\_\_\_

I currently am using this

brand: \_\_\_\_\_

### Customer Consent

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing above you agree that I, your Independent Beauty Consultant, may use your contact information and beauty profile information (including allergy information) for the purpose of consulting with you and sending you materials (as selected), and may also enter your contact information into the customer management system of Mary Kay Inc. ("myCustomers").

You may revoke your consent at any time with future effect by emailing me.

Contact Info for your Independent Beauty Consultant: