

NEXT GEN!

The key is...
Book 10 by the 10th!



Consultant Name: _____ Director: _____ Month of: _____

NEXT GEN!

15+ New Faces
\$650 Wholesale Orders
5 Marketing Plans
(No TM requirement)

NEXT GEN ELITE!

30+ New Faces
\$1000 Wholesale Orders
10 Marketing Plans
1 New Team Member

SUPER ACHIEVER!

45+ New Faces
\$1200 Wholesale Orders
15 Marketing Plans
1 New Team Member

New Faces & Retail Sold!

| | | |
|--------------------|--------------------|--------------------|
| 1. _____ \$ _____ | 16. _____ \$ _____ | 31. _____ \$ _____ |
| 2. _____ \$ _____ | 17. _____ \$ _____ | 32. _____ \$ _____ |
| 3. _____ \$ _____ | 18. _____ \$ _____ | 33. _____ \$ _____ |
| 4. _____ \$ _____ | 19. _____ \$ _____ | 34. _____ \$ _____ |
| 5. _____ \$ _____ | 20. _____ \$ _____ | 35. _____ \$ _____ |
| 6. _____ \$ _____ | 21. _____ \$ _____ | 36. _____ \$ _____ |
| 7. _____ \$ _____ | 22. _____ \$ _____ | 37. _____ \$ _____ |
| 8. _____ \$ _____ | 23. _____ \$ _____ | 38. _____ \$ _____ |
| 9. _____ \$ _____ | 24. _____ \$ _____ | 39. _____ \$ _____ |
| 10. _____ \$ _____ | 25. _____ \$ _____ | 40. _____ \$ _____ |
| 11. _____ \$ _____ | 26. _____ \$ _____ | 41. _____ \$ _____ |
| 12. _____ \$ _____ | 27. _____ \$ _____ | 42. _____ \$ _____ |
| 13. _____ \$ _____ | 28. _____ \$ _____ | 43. _____ \$ _____ |
| 14. _____ \$ _____ | 29. _____ \$ _____ | 44. _____ \$ _____ |
| 15. _____ \$ _____ | 30. _____ \$ _____ | 45. _____ \$ _____ |

Weekly Totals: Faces _____ Retail \$ _____ Monthly Totals: Faces _____ Retail \$ _____

Marketing Plans (Circle one: Yes No Maybe Joined!)

| | | |
|--|---|---|
| 1. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 6. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 11. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> |
| 2. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 7. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 12. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> |
| 3. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 8. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 13. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> |
| 4. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 9. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 14. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> |
| 5. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 10. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> | 15. _____ Y <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> |

Weekly Total Mktg Plans: _____ Joined: _____ Monthly Total Mktg Plans: _____ Joined: _____

Total Wholesale Orders!

\$200 \$400 \$650 \$800 \$1000 \$1200

Weekly Total W/S Orders: _____ Monthly Total W/S Orders: _____

Book 10 by the 10th! (Specify Class, Double Facial or Facial)

| | |
|--|---|
| 1. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> | 6. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> |
| 2. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> | 7. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> |
| 3. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> | 8. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> |
| 4. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> | 9. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> |
| 5. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> | 10. _____ SCC <input type="checkbox"/> DF <input type="checkbox"/> F <input type="checkbox"/> |

Submit to your Director by noon every Monday