

## Drawing Entry

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Top 3 health and/or wellness concerns?

_____	_____	_____
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Best way to reach you: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Previous experience with natural remedies?  Y  N

Previous experience with essential oils?  Y  N

Previous experience with doTERRA?  Y  N

Are you interested in:

Improving your health with doTERRA products?

Hosting a class & receiving a FREE gift?

Creating residual income?

Oils Experienced:

\_\_\_\_\_  
\_\_\_\_\_

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Most interested in learning about: (see back) ↻

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## Interests

- Prevention Lifestyle
- Detox/Cleansing
- Energy/Fatigue
- Releasing Weight
- Mood, Mind, & Sleep Management
- Hormonal Balance/Women's Health
- Natural Skincare
- Natural Cleaning
- Immunity
- Pain & Inflammation Management
- Other: \_\_\_\_\_

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