

Nu Skin Enterprises, Inc., One Nu Skin Plaza, 75 W. Center Street, Provo, UT 84601

Fax completed form to 801-345-4230

Please submit the completed form to your Account Manager within **SEVEN** days from the conclusion of the trade show. You can fax it to 801-345-4230.

Distributor Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

**TRADE SHOW INFORMATION**

Trade show name/location: \_\_\_\_\_

Number of leads cards completed: \_\_\_\_\_

Number of leads I have contacted: \_\_\_\_\_

Of leads contacted, number signed up as distributors: \_\_\_\_\_

Of distributors signed up, how many placed orders: \_\_\_\_\_

**GOALS**

What were your goals for this trade show:

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How successful were you in obtaining your goals:

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Executive's Signature: \_\_\_\_\_ Date: \_\_\_\_\_