PEP Team -- Contact Information Record

Date of Initiation:			
Prospect Name			
Phone - Home		Phone - Office	
Phone - Cell			
Email		Email -Office	
Address		Apartment #	
City			
State			
ZipCode			
Referral or How Met		Current Health	
Current $$ Ability		Approx. Age	
Name of Life Partner		# Kids Under 20	
Favorite Activity		Current Job	

PEP PROGRAM MILESTONES

	Date		Information Needed
ABC Date		Who Was "A"	
First Event Date		What Event	
Enrollment Date		Nikken Status	
First Purchase Date		Order Amount	
PEP Enrollment Date		PEP Team Joined	

CONTACT HISTORY

Contact Date	What occurred	Date of Next Activity	Next Activity Required

PRODUCT ON LOAN

Date Loaned	Product Loaned	Date Due Back	Product Returned? Yes-No