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# Face Innovation Enrollment Form

Last Name	
First Name	
Address	
Phone	
E-mail	

## Questionnaire

So that we can customize for you the best way you can earn additional income, please answer the following questions as best you can. If you would prefer to answer the questions in person rather than in writing, that is fine.

Gender:
Age:
Marital status:
Number and age of children:
How many people are in your family (father, mother, sisters, brothers, cousins etc.)?
What are your hobbies?
How many good friends do you have?
How many close business colleagues do you have?
What associations or clubs do you belong to?
Number of people in your neighborhood; city; state and country?
What is your education?
What is your current career profession?
Do you have any global contacts?
How many connections do have on LinkedIn? Friends on Facebook?

<b>Answer the following questions by placing an X in the appropriate column</b>	<b>Yes</b>	<b>No</b>
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Are you optimistic about the future?		
Are you a team player?		
Are you open to alternatives?		
Are you highly curious and observant?		
Are you an independent thinker?		
Do you tend to care and share?		
Are you good at turning innovative ideas into practical solutions?		
Do you have multiple interests?		
Are you open to new experiences?		
Do you take action and make things happen?		
Would you like to know how to innovate?		
Would you like to have an additional source of income?		
Are you fully committed to what you're doing?		
Can you make a time commitment of 2hrs/week?		
Are you interested in improving your innovation skills?		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date