



VIP Program Questionnaire and Payment form

Contact Information	Shipping Address (if different from contact info)
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Alternate Phone:
E-Mail:	Alternate E-Mail:

Payment	
Type of Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Cardholder Name:	
Card Number:	SIC Code:

Signature: _____
 I authorize everything Ro to charge my credit card

Questionnaire – Part One: Dr. Ro Gear
Size you normally wear in active wear?
Size you normally wear in street clothes?
Do you prefer workout bras, cami tops, or halters?
Some personal questions . . . height, bra size, and weight?
Do you prefer capri pants, leggings, jazz/flare, or boot cut pants?
What are your favorite colors?
What colors do you dislike?
What type of workout wear do you wear now?
If you currently have Dr. Ro Gear in your drawers, what pieces have you collected?
What color pant do you prefer: dark colors or black, or do you like to wear colored pants?
What color is your hair? <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> Black
What color is your skin? <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
What is the month and day of your birthday?
Do you prefer SILVER, GOLD, or PLATINUM VIP treatment?



VIP Program Questionnaire and Payment form - Continued

Questionnaire – Part Two: Dr. Ro Bath & Body and Skin Care Therapy

Which products do you like the most?

Sugar Shea Collection: (check all that apply)

- Scrub
- Body crème
- Body wash
- Bath Crystals
- Travel Kit
- Travel Tote
- Candle

Other bath & body and skin care products: (check all that apply)

- Pedicure/foot care
- Foot Masque
- Men's Skin Care
- Cleansers
- Toners
- Exfoliators
- Moisturizers
- Sun Protection
- Ageless-Aging Collection