



Fitness Pro Survey

Please Circle Which Describes You:

-Are you a **full time** or **part time** trainer-instructor?

-Do you train in a **main stream gym** or **private studio**?

-Your Position? **Trainer/Instructor** **Owner** **Director**

-Do you take any nutritionals (vit/min, omega 3's, hydration, protein, etc)?
Yes **No**

-Do you currently provide nutritional supplements to your clients?
Yes **No**

-Would an extra \$500 or more of monthly income be helpful?
Yes **No**

-Have you heard of Advocare? **Yes** **No**

If so, please explain: _____

-In exchange for product samples, will you follow the "**Discover Advocare**" steps and give us feedback within the next 7 days?
Yes **No**

Approx Day: _____ Time of Day: _____

Name: _____ City/State: _____

Best Phone: _____ Email: _____

Notes: _____