



Connection Record Form

Contact Name:			
First Contact Date:			
When/Where/How Did you Meet? <input type="checkbox"/> JPC Lead <input type="checkbox"/> Referral <input type="checkbox"/> Other			
Phone:		<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text ok?
Address Street:		Employer	
City:	State:	Zip:	
Email:			<input type="checkbox"/> FB (y/n)
Spouse:		Children? (Names/Ages):	
Health Concerns/Issues:			
Primary Interests: <input type="checkbox"/> Juice Plus+ <input type="checkbox"/> One Simple Change <input type="checkbox"/> TG <input type="checkbox"/> Business			

<p>F.O.R.M Art of Communication (Asking Clarifying Questions)</p> <p>F: FAMILY Ask about theirs and tell them about yours</p> <p>O: OCCUPATION Ask them about their job. Compare notes on how your jobs differ/compare</p> <p>R: RECREATION Ask them what they do for fun...sports/hobbies/volunteer work. Talk about what you have in common.</p> <p>M: MONEY/MOTIVATION Ask how they feel about where they are in life right now. Ask where they want to be in 5 yrs? Share "30 Reasons We Love our JP Business" sheet...some of the reasons are based on RESPONSIBILITY of sharing our passion to touch future generations with health...some are geared towards future planning for The JP+ Company career and NMD benefits ...some for college/vacation/retirement or more TIME with family. Help them find a WHY for JP and/or business.</p>	<p><u>Product/Business Resources</u></p> <p>Product Websites:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>YouTube Videos:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Business Websites:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>YouTube Videos - Business:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>DVDS:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Brochures:</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p style="text-align: center;"><u>Order Info</u></p> <p>Start Date:</p> <input type="checkbox"/> Complete Trans, (CT) <input type="checkbox"/> Trio Caps <input type="checkbox"/> O/G Caps <input type="checkbox"/> Trio Chews <input type="checkbox"/> O/G Chews <input type="checkbox"/> Complete <input type="checkbox"/> Complete Bars <input type="checkbox"/> CHS <input type="checkbox"/> TG
---	--	---

Notes on back →