## **September 10, 2011**

## **Dennis Franks "Stay the Course"**

## **Team Tampa Bay Local Seminar Challenge**

Local Challenge Period May 30, 2011 thru September 3, 2011 (Deadline for submission is Sept. 3, 2011 at 11:59PM.)

Everyone who completes the challenge must email this completed document to: <a href="mailto:Tara@LetsGetWell.com">Tara@LetsGetWell.com</a>

Distributor Name	9	Telephone #:				
Created Faceboo	ok Profile Email:					
1.) Purchase three (	3) tickets to the September	0, 2011 local. Ticket numb	pers:	<u>.</u>		
2.) Listen to or water	ch <b>8 Market America Audio</b> /	<b>DVD's</b> and a few words or a	sentence about what you learned.			
Title:		What you learned: _	<u> </u>	<u>.</u>		
Title:	What you learned:					
Title:	What you learned:					
Title:	What you learned:					
Title:	What you learned:					
Title:	What you learned:					
Title:	What you learned:					
Title:		What you learned: _		<u>.</u>		
NDT	Date		Trainer			
B5						
ECCT *						
4.) Retail at least 30	OO BV of products AND purc	hase a minimum of <b>\$150 fr</b> o	om any partner stores using your p	ersonal		
PC ID#.	Completed					
5.) Register at least	8 NEW Preferred Customer	S AND Conduct a <b>web portal</b>	tour with each.			
PC ID#	Date	PC ID#	Date	<u>.</u>		
PC ID#	Date	PC ID#	Date	<u>.</u>		
PC ID#	Date	PC ID#	Date	<u>.</u>		
PC ID#	Date	PC ID#	Date			

6	IRV O	ialification.	Complete these	basic require	ments to be a	nart of the A	dvertisino I	RV Ronus nool
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	June	July	August	
Register a NEW PC via your web portal				
Preferred Customer(s) purchase at least 50BV via your web portal	,			
At least \$50 in purchases made with your personal PC ID from any Partner Stores				
7.) Show the plan to a minimum of 6 PERSON	IAL prospects AND conduct	the <b>follow-up a</b>	ppointments.	
NameDate _	Name		Date	
NameDate _	Name		Date	
NameDate _	Name		Date	
8.) <b>Host, Present, or Attend 2</b> Natural Health S				
9.) Host, Present, or Attend at least 3 Home Ul	BPs			
LocationDate	Location		Date	
Location Date				
10.) Host, Present, or Attend at least 3 NMTS	S UBP's			
LocationDate _	Location		Date	
Location Date				
11.) Bring a minimum of 4 guests to a NMTS	S UBP or Home UBP's			
NameDate _	Name		Date	
NameDate _	Name	_	Date	
12.) Personally sponsor 1 qualified distributor	r: Name:	<u>Da</u>	te:	
BONUS POINTS: (valid only after all items al	oove have been completed)			
Additional Personally Sponsored Distributors:			50 points each, Total	
Activation of a PERSONALLY Sponsored Distr	ibutor:		25 points each, Total	
		To	OTAL Bonus Points:	

Please Note. All achievers will be subject to an audit to confirm challenge achiever eligibility status. All items must be completed (#1-12). Each person who completes the challenge will be notified by return reply email and must be at the event to be recognized. Email completed forms to Tara@LetsGetWell.com or Fax to 1-800-318-4435