



## BRAND AMBASSADOR QUESTIONNAIRE

### CONTACT INFO:

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### THE WHY?

Please explain what most interests you about being a Brand Ambassador:

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Interested in which type of Brand Activity-Yes or No to each activity:

Photos using the product: \_\_\_\_\_

Videos using the product: \_\_\_\_\_

Appearance at Medical Trade Show Speaking about the product: \_\_\_\_\_

Social Media Posts(Your Social Media Network, i.e. Facebook): \_\_\_\_\_

**Your Medical Store Headquarters**  
**10 Glenlake Parkway South Tower Suite 130 Atlanta, GA 30328**  
**800-876-8143**  
**[www.your-medical-store.com](http://www.your-medical-store.com)**



Please list up to 10 types of Medical Products you are interested in:

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What ideas do you have to help promote our Brand/Store or the products we offer? \_\_\_\_\_

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Please list the best way to reach you(Email, Phone, Text, Mail):

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Is there anything additionally that you would like us to know? If yes, please tell us: \_\_\_\_\_

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\*\*Please submit a photo of yourself and/or the individual wanting to become a Brand Ambassador.

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