



BRAND AMBASSADOR QUESTIONNAIRE

CONTACT INFO:

Name: _____

Birth Date: _____

Address: _____

Phone: _____

Email: _____

THE WHY?

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

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



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

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

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

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

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

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