

## WHO DO I TALK TO?

### SOCIAL MEDIA

Friends on FB  
Friends of friends on FB  
Who's following me on Twitter?  
Who's following me on Instagram?  
Other social media platforms

### LIST YOUR WARM MARKET

Cell Phone Contacts  
Address Book Contacts  
Email Contacts  
Recent business cards collected?  
Christmas Card List  
Closest friends  
Co-workers  
Child Care Provider  
House cleaner/Maid Interior  
Neighbors  
Teachers  
Fitness Professionals

### YOUR RELATIVES

Aunts  
Brother-in-laws  
Brothers  
Cousins Daughter/Daughter-in-law  
Father-in-law  
Grandkids  
Grandparents Mother-in-law  
Nephews  
Nieces  
Parents  
Retired relatives Sister-in-laws  
Sisters  
Son/Son-in-law  
Uncles

### I KNOW SOMEONE WHO'S A

Agriculturalist  
Antique Dealer  
Art Instructor  
Avon/Mary Kay Rep  
Bank Teller  
Bottled Water Supplier

Bus Driver  
Carpenter  
Chiropractor  
Coffee Supplier  
Conservation Officer  
Contractor  
Cub Scout Leader  
Dietitian  
Dry Cleaner employee  
Editor  
Electrician  
Fed Ex/UPS Driver  
Fireman  
Florist  
Funeral Director  
Furniture salesman  
Grocery store Manager  
Hairdresser  
Hotel/Motel Manager or owner  
Judge  
Karate Teacher  
Kid's current teachers  
Lab Technician  
Librarian  
Massage therapist  
Monument Business  
Music Teacher  
Notary Public  
Nurse  
Office Manager  
Pampered Chef/Tupperware Rep  
Pilot/Stewardess  
Policeman/woman  
Probation Officer  
Restaurant owner  
Scuba instructor  
Seamstress  
Secretary  
Security Guard  
Sheriff  
Speech Therapist  
Sports Team member  
Student  
Supermarket manager  
Teacher  
Tire or Auto Part employee  
Title Agent  
Trash collector  
Truck Driver

Tupperware Rep  
UPS Driver  
Waitress/Waiter  
Welder  
Yoga/Work out instructor  
Caregiver to my parents/in-laws  
Delivers Parcels/Packages  
Goes bowling with me  
Is in my Book Club  
Is in my quilt guild  
Is in my Elks/Rotary/Lions Club  
Lives down the street  
Mows my lawn  
Owns my House/Apartment  
Remodeled my house  
Repaired my TV or appliances  
Sells me gasoline  
Was in my carpool  
Was my Best Man/Maid of Honor

### WHO IS MY?

Accountant  
Association members  
Auto mechanics  
Babysitter  
Bank teller  
Barber/Hairdresser  
Boss/co-workers  
Bowling Team members  
Bunko friends  
Car salesman  
Card group friends  
Child Care Provider  
Children's friend's parents  
Church members  
Club members  
College Friends  
Computer Tech  
Convenient Store Manager  
Day Care provider/owner  
Decorator  
Delivery Person  
Dental Hygienist  
Dentist/Doctors (your kid's too)  
Dermatologist  
Fishing/hunting buddies  
Financial planner  
Former Boss  
Garage Mechanic

Golf buddies  
Gynecologist  
Hairdresser/barber  
High school friends  
Housekeeper  
Hunting buddies  
Insurance Agent(s)  
Interior decorator  
ISP Support Person  
Jeweler

Kid's teachers  
Landlord  
Landscape  
Lawyer  
Leasing Agent  
Mailman  
Maintenance Person Manicurist  
Minister/Pastor & wife Nutritionist  
Optometrist  
Paperboy  
Party Planner  
Personal Trainer  
Pet Groomer  
Pharmacist  
Photographer  
Piano Teacher  
Previous co-workers  
Previous neighbors  
Property Manager  
Real Estate Agent  
Retired Co-workers  
Retired Friends  
Scrapbook/quilting friends  
Veterinarian  
Wedding planner

### WHO SOLD ME MY

Appliances  
Boat/motorcycle  
Business cards/office supplies  
Camper/trailer  
Car/Truck  
Computer  
Craft Supplies House/Apartment





# Connection Record Form

Contact Name:			
Sign-Up Date:		2000+ 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><b>F.O.R.M Art of Communication (Asking Clarifying Questions)</b></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><b><u>Product/Business Resources</u></b></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;"><b><u>Order Info</u></b></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
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**Notes on back** →