

Weekly Sales & Marketing Report

Agency Name: _____

Sales Associate Name: _____ Date: _____

Input The Required Information Below Regarding Your Visits This Week. Complete one form per facility:

Facility Name: _____

Who You Talked To (Name and Title): _____

What You Talked About: _____

Did One Of Your Preferred Partners Accompany You? _____

Name Of Flyer/Brochure You Gave Them: _____

What Activity Did You Perform This Week? _____

How Long Have You Been Performing The Activity? _____

Which staff have you made friends with? _____

Do You Have An In-Service Scheduled? _____ When? _____

Next Steps? _____
