

# 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_