



Thank you for your interest in Miles of Marketing, LLC. Please fill out the following brief information sheet, and return with the other documentation requested. The **bold information fields** are required to become a M.O.M. representative. We appreciate your cooperation in filling out the rest of the information fields, to tailor our product promotions for our clients. All information collected is COMPLETELY confidential to Miles of Marketing, LLC, and will NOT be sold to or shared with any other companies. If you have questions, please contact Liza Lowenberg at liza@milesmarketing.com.

Today's Date _____

Name _____

Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Email _____

Nearest Major City (within 1-2 hours) _____

How did you hear about us? _____

How old are you? _____ Year Born: _____

URL of your blog: _____ Monthly Visitors: _____

Twitter Account? _____ # Of Followers? _____

Facebook Page? _____ # Of Friends? _____

Annual Household Income _____ Approximate Home Value: _____ own or rent? _____

Current Marital Status *Circle One:* single/never married, married, civil union, separated, divorced, widowed _____

Are you expecting? *Circle One:* Yes or No _____

Please list children Child #1 Boy or Girl _____ Year they were born: _____

Child #2 Boy or Girl _____ Year they were born: _____

Child #3 Boy or Girl _____ Year they were born: _____

Child #4 Boy or Girl _____ Year they were born: _____

Ethnicity *Circle One:* Caucasian, Hispanic, African-American, American-Indian, Other: _____

Languages Spoken *Circle One:* English, Spanish, Italian, French, Other: _____

Highest Level of Education Completed? *Circle One:* High school/GED, Associate's Degree (2 year), Bachelor's Degree (4 year), Professional/Master's Degree (MD, JD, Ph.D.), Other: _____

Miles of Marketing, LLC. P.O. Box 754 Livingston, NJ 07039

