

FAST START TRAINING LIST



Take a picture of this page so you and your Field Trainer can collaborate efficiently.

You	Field Trainer
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

RECRUIT: 1 - 3 POINTS		KITCHEN TABLE/ZOOM: 4 - 5 POINTS		<input type="checkbox"/> MARRIED	<input type="checkbox"/> AGE 25-65	<input type="checkbox"/> CHILDREN	<input type="checkbox"/> HOME OWNER	<input type="checkbox"/> OCCUPATION
Name		Phone Number		Qualify		Result of call		
RECRUIT				<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
				<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
				<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
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			<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O	
KITCHEN TABLE/ZOOM	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O
	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	Name:	Phone #:	<input type="checkbox"/> M	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> O