

Name _____ Dist. ID _____

Region: _____ City: _____ State: _____

1. Attended Day 1 TLS Trainer: _____
 Date: _____ Location: _____

Attended Day 2 TLS Trainer: _____
 Date: _____ Location: _____

2. I have purchased (10) TLS Guide, (10) Individual TLS Supplements, (10) 90 day subscriptions to tSlSlim.com:

Order Number: _____

Date: _____

Order Number: _____

Date: _____

3. I have and maintain a www.tSlSlim.com subscription: Yes: No:

a. Date Subscribed _____

4. I have a current and an active PATLive Voicemail Account:
 My Voicemail Extension is: _____

5. My current email address is: _____

6. You must HAVE (10) TLS Preferred Customers:
 *Does not include Ship Consultants or other Ship Consultant's customers

_____	_____	_____	_____	_____	_____
Customer ID#	Date	Customer ID#	Date	Customer ID#	Date

Customer ID#	Date	Customer ID#	Date	Customer ID#	Date
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Customer ID#	Date	Customer ID#	Date	Customer ID#	Date
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Customer ID#	Date
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7. Must have 10 PCs subscribed to www.tlsSlim.com: (can be same PCs as above)

Customer ID#	Date	Customer ID#	Date
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Customer ID#	Date	Customer ID#	Date
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Customer ID#	Date	Customer ID#	Date
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Customer ID#	Date	Customer ID#	Date
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Customer ID#	Date	Customer ID#	Date
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8. Must submit: 10 client results, before/after photos, and testimonials to tlsSlim.com

Name: _____ Date: / /

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Name: _____ Date: / /

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Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

9. Must Submit: 10 letters of recommendation from your clients (coaching skills)

10. CTLCs need to maintain or be progressively working towards:

25-31% Body Fat for Woman

18-25% Body Fat for Men

Special Medical Considerations will be taken into account

11. CTLC must have personal testimonial on record with MA Corporate _____

Please Submit Documentation to Luzby Hernandez luzbyh@marketamerica.com

or

FAX: (336) 544-6311

Attention: Luzby Hernandez