



Daily Method of Operation (DMO) Checklist

| M | T | W | Th | F | S | Month: |
|----------|----------|----------|-----------|----------|----------|---|
| | | | | | | Did 1-on-1, 2-on-1, 3-way call key activities |
| | | | | | | Sponsored a new Distributor |
| | | | | | | Put someone on a call (My Team Calls or AdvoCare Home Office Calls) |
| | | | | | | Sold \$100 products |
| | | | | | | Got someone to a local event (Mixer, Business Opportunity Meeting, Training, etc.) |
| | | | | | | Showed someone the Impact magazine and/or the Solutions for Your Success DVD |
| | | | | | | Sampled Products (AdvoCare Spark®, AdvoCare Slam®, AdvoCare Slim®, Meal Replacement Shakes, etc.) |
| | | | | | | Followed up |
| | | | | | | Talked to new people about AdvoCare |
| | | | | | | Communicated with my leadership or my teammates |