

## EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Self Hypnotherapy  
 Dates of Classes Oct 10, 8, 3 5

Please complete the following evaluation. Your name does not need to appear on this form if you do not want to write it here, but any comments you make will be helpful for following classes. Thank you.

Instructor: Dennis Parker

	Poor	Fair	Good	Excellent
Was well prepared				X
Presented information in an understandable fashion				X
Information is valuable				X
Information met your needs				X
You can use the information now				X

Facilities:

	Poor	Fair	Good	Excellent
Room set up was comfortable				
Room atmosphere was comfortable for learning				

Comments: noise outside,

Save me great sense of self with peaceful atmosphere.  
One of the best things I've <sup>ever</sup> done for myself. (And I <sup>idea</sup> received ~~it~~ as a gift!)  
the tuition

We desire comments for use in our newsletter and internet site.  
 Can we use your comments in our newsletter and/or internet site? Yes  No

If the answer is yes, please sign and date this paper:  
Cordis Miller Oct. 10, 2002  
 Signature Date

**If we use your comments for our newsletter and/or internet site, we extend our thanks to you by offering you \$5 off your next session or supplement purchase.**