

## EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) CETES SIMPSON

Dates of Classes 9-17 and 24, 19, 26

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				✓
Presented information in an understandable fashion				✓
Information is valuable				✓
Information met your needs				✓

Facilities:

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

Comments: (HELPED ME REALIZE I AM GOING TO  
WIN OUR BET. WITH DENNIS)  
WAS WELL WORTH THE MONEY.  
I WOULD DO IT AGAIN. I RECOMMEND THAT  
EVERY ONE NEEDS THIS CLASS

We desire comments for use in our newsletter and internet site.

Can we use your comments in our newsletter and/or internet site? Yes X No \_\_\_\_\_

If the answer is yes, please sign and date this paper:

Cetes Simpson  
 Signature

10-1-02  
 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.**