

EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Crystal Young

Dates of Classes Oct. 17 - Nov 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				X
Room atmosphere was comfortable for learning				X

Comments: I have not felt this comfortable with myself ever. This class has brought wonderful knowledge to me. I am able to utilize this in my everyday life. This class is worth every penny.

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:

Crystal Young
Signature

11/5/02
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.