EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Gwendolyn Garner **Date** 2-11-04

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				✓
You can use the information now				✓

Facilities:

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

Comments: Dennis was an excellent teacher also very entertaining. I felt a lot of benefit with core issues. Thank you so much.

Can we use your comments in our newsletter and/or internet site? Yes ✓ No _____

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.

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

Gwendolyn Garner — 2-11-04

Signature — Date

If you know others who would benefit from this course and would like us to contact them, please write their names and telephone numbers below:

_____ _____

_____ _____

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