

EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Ben Labrum Date April 29-05

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: Wow! You brought so many things to my conscious mind!! It was great to be here. It felt like being home again - It's been so long since I've been able to attend any classes!

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:

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:
