
Please complete this form and turn in at the conclusion of the workshop.

Name: _____ Phone _____

Email: _____

Self-assessment

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Would you recommend this class to a friend? **Yes** **No**

Would you like to receive our free newsletter? **Yes** **No**

Please indicate your first and second choice for your complimentary visit below.

Morning _____
Afternoon _____

Morning _____
Afternoon _____

Morning _____
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Morning _____
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