



Feedback Sheet

Thank-you - I value and pay close attention to ALL your comments!



Date: _____

Name: _____ Occupation: _____

Email: _____ *(please use block letters)*

1. PLEASE READ THE ENTIRE QUESTIONNAIRE BEFORE FILLING OUT ANY INFORMATION. THIS IS A 7 DAY AUDIO PROGRAM, WITH THE PURPOSE OF TRACKING EFFECTS, RESULTS AND CHANGE IN RELATIONSHIPS, FIANANCES, TIME, INFLUENCE, KNOWLEDGE, ETC.

2. What is the most USEABLE Success Strategy you gained from this TIME seminar? *(liked best)*

3. What is the most USEABLE Success Strategy you gained from this PEOPLE seminar? *(liked best)*

4. What is the most USEABLE Success Strategy you gained from this INFLUENCE seminar? *(liked best)*

5. What is the most USEABLE Success Strategy you gained from this NUMBERS seminar? *(liked best)*

6. What is the most USEABLE Success Strategy you gained from this KNOWLEDGE seminar? *(liked best)*

7. Any current problems in relationships, finances, or other, before seminar? *(liked best)*



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7.1 Changes or Effects on those current problems WEEK 1 *(liked best)*

7.2 Changes or Effects on those current problems WEEK 2 *(liked best)*

7.3 Changes or Effects on those current problems WEEK 3 *(liked best)*

7.4 Changes or Effects on those current problems WEEK 4 *(liked best)*

8. If you were to give the Seminar a SCORE out of 10 for:

How ENJOYABLE the seminar was? _____ / 10



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9. What **WOULD YOU LIKE IMPROVED** with the seminar? *(liked least)*

10. Would you **RECOMMEND** the seminar to others? Y / N *(please circle)*

11. If you were to tell someone about this event, what would you say?

Eg. Your biggest learning, what you loved, how you feel after the session or what you would tell someone thinking of attending!

12. May we use your comments, name & details on our website/promotional literature?

Y / N *(please circle)*

If you have your own website & would like it included with your testimonial, please write it here:

www. _____