

## Workshop Evaluation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you for taking the time to share your thoughts and suggestions regarding today's workshop.

Topic of Workshop you attended: ( Please Circle One)

Women's Wellness

Stress Relief

Children's Health

What about the workshop was of most value to you?

Do you have any suggestions to help us be of better service to people?

Would you be willing to help us connect with a contact person at your church, place of employment, child's school, etc. to explore conducting a wellness workshop on Stress Relief, Women's Wellness, or Children's Health?

Thank you so much for your interest and willingness to provide feedback!

Best of health to you!