

Business/Organization/Church:

Presentation Date:

Presentation Title:

Name: _____ Title: _____

E-mail: _____ Phone: () _____ - _____

Your input is valued and appreciated. Please PRINT your responses and return to Jaclyn Rowe via e-mail or fax.



1. How valuable were the ideas and concepts presented?

10 9 8 7 6 5 4 3 2 1
highly fairly slightly not

2. How effective was the presentation of the material by Jaclyn?

10 9 8 7 6 5 4 3 2 1
highly fairly slightly not

3. What did you like best about the content of the program? About the delivery of the program?

4. What could have been improved in the content of the program? In the delivery of the program?

5. Would you be willing to leave a testimonial regarding the program for use in Jaclyn's promotional materials/website? (circle one) YES NO If YES, please write below.

Testimonial/Quote:

6. May Jaclyn use you as a reference? YES NO If YES, please fill in your contact information above.

7. Is there another business, organization, school, or church group in your area that would benefit from this program or may be in need of a speaker for other types of presentations?

Name Contact Phone

Name Contact Phone

- I WANT:
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