CARE SEMINAR EVALUATION FORM

03/2024

Center for Aromatherapy Research and Education, Inc.
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Seminar Location (City and State) _____ Date(s)_____

Circle One or More: History/Anointing Vitaflex Raindrop I Raindrop II Chemistry Emotional Release

Name or Names of Presenter(s) _____

Rate on a scale from 1 to 5 with: 1 = poor 2 = okay 3 = fair 4 = good 5 = excellent

THE PROGRAM

Bible Oils Program (circle choice)	1	2	3	4	5
Vitaflex Workshop	1	2	3	4	5
Raindrop I Workshop	1	2	3	4	5
Raindrop II Workshop	1	2	3	4	5
Chemistry	1	2	3	4	5
Emotional Release	1	2	3	4	5
The Seminar (or Intensive) as a Whole	1	2	3	4	5
Would you recommend this program to others? (circle one)		YES	NO	MAYBE	

THE MAIN PRESENTER: Presenter's name_____

Ability to teach and explain things clearly	1	2	3	4	5
Ability to relate to the participants	1	2	3	4	5
Ability to field spontaneous questions	1	2	3	4	5
Apparent command of the subject matter	1	2	3	4	5
Would you come hear this speaker again? (circle one)		YES	NO	MAYBE	

HOW DID YOU HEAR ABOUT CARE CLASSES?

_____

_____

SUGGESTIONS FOR IMPROVEMENT (Please use back if necessary)

_____

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OPTIONAL TESTIMONIAL (If you liked the program and would be willing to give positive feedback that CARE may quote in future promotions, please do so here. Please print your name and sign your statement at the end. We will need this as verification of your permission to use your words in promoting this program. And thank you very much. We appreciate your support and encouragement. (Please use back if necessary.)

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Name (printed)_____ Signature_____

Date_____ City_____ State/Prov_____ Country_____