



Have time for feedback?

Workshop Name: _____ Date: _____

WORKSHOP

On a scale of 1 to 4 with 4 being highest, how much did you enjoy this workshop? _____

What did you like best about this workshop? _____

What did you like least? _____

MINDFULNESS MOMENT VIDEO

On a scale of 1 to 4 with 4 being highest, how much did you enjoy this video? _____

What did you like best about this video? _____

What did you like least? _____

Would you like LOLK to present at your office? If yes, please provide a contact name, email, and/or phone number for the decision maker in your office: _____

Thank you for your feedback!
We will email you about upcoming events

Your Name: _____

Phone Number: _____

Personal Email Address: _____

Company/Location: _____