Feedback Form

Date:

|  |  |
| --- | --- |
| Please write your biggest take-away from this presentation |  |
| What would you like more of? What other programmes would you be interested in? |  |
| May we quote you? Yes No |

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**I am interested in you contacting me about:**

* **Colour Analysis**
* **Personal Style Consultation**
* **Wardrobe Therapy**
* **Personal Shopping expedition**

**Telephone:**

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|  |  |
| --- | --- |
| What did you like MOST about the program? |  |
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