**“Learn and Earn” Participant Evaluation Form**

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Name:

Date:

Which video did you watch?

Three things you learned from this video:

1.

2.

3.

Please rate this presentation on a scale of 1-10 (1 = poor. 10 = excellent)

Comment:

Who comes to mind as someone who might benefit from the information in this video?

1.

2.

3.

Are there any topics you would like to see included? Yes or No

If yes, please explain:

Once complete, save a copy in a Folder with your other Learn and Earn Documents and return

the completed form to your Distributor.

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*treatment plan.)*