Educational Event Testimonial Form

Name of Event

_____

With Kathy Spohn

Date _____

Location _____

Testimonial

If you liked the program and would be willing to say some nice things that this presenter may quote in future promotions, please do so here. Print your name and sign your statement at the end. I will need this as verification of your permission to use your words in promoting this program. Thank you!

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Please check one

Do not reveal my identity _____. You may reveal my identity _____.

Your signature below verifies your permission to use the information you have provided in this testimonial.

Name (printed) _____ Signature _____ Date _____

City _____ State/Prov _____ Country _____

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