

SATHYA SAI RELATIONSHIP/MARRIAGE SEMINAR

Feedback Form

NAME (in full): _____

1. Which part/s of the session did you find very useful? (please tick)

- | | |
|---|---|
| <input type="checkbox"/> Marriage is a DREAM - Realize It! | <input type="checkbox"/> Marriage is LOVE - Enjoy It! |
| <input type="checkbox"/> Marriage is a GAME - Play It! | <input type="checkbox"/> How Can I? Questions |
| <input type="checkbox"/> Marriage is a CHALLENGE - Meet It! | <input type="checkbox"/> Final report & Presentations |

2. What were some of your key learning points?

3. How do you think the session can be improved?

4. What kind of help would you like in conducting future workshops?

5. How would you like to assist in future workshops we organize?
