

11. Please tell us why, citing one or two items that stood out for you the most.

12. How likely is it that you would recommend a Magdalena Energy Session to a friend or colleague? *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not at all likely	<input type="radio"/>	Extremely likely									

13. What is the most important reason for your score?

14. Your email address (optional)

If you have a question about your Magdalena Energy Session, feel free to contact us at certification@magdalenahealing.com

Paper client surveys can be mailed, emailed, or faxed to:
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