



FEEDBACK SURVEY / TESTIMONIAL QUESTIONNAIRE



Name: _____ Email: _____

What do you do for a living?

1. What was your biggest fear before doing The FLIMJourney Program?
Did it come true, and if not, what happened instead?

2. What, specifically, was your favourite part of The FLIMJourney Program,
and why?





3. What were the top 3 benefits/experiences you got out of working with Sam and going through The FLIMJourney Program?

4. If you were to recommend us to your best friend, what would you say?

5. What suggested improvements or requests do you have for me that you think will make future rounds of The FLIMJourney Program even better?

Please sign or add your initials below to give me permission to use your feedback as a testimonial in my FLIMJourney Program marketing.

THANK YOU!

