

WELLNESS WORKSHOP EVALUATION

We value your opinion. Please fill out the following questionnaire to help us provide you with the most useful health information possible. Thank you!

What I liked best: _____

What I liked least: _____

Slide I would like to hear more information on: _____

Other comments/suggestions: _____

Date of presentation ____/____/____

Name (optional) _____

Your Neighborhood Health Care Clinic

Chiropractic Associates of Michigan

31850 Schoenherr at Masonic (13-1/2 Mile)

Warren, MI 48093

<http://www.chirowarren.com/>

A non-partnership of independent practitioners



Watch the announcements for the next Wellness Workshop and bring a friend. Everyone is welcome!