

Customer Satisfaction Questionnaire

Transcendence Technique

Meditation Program

Date

Name:

We would be grateful if you could spare a few minutes to complete this Customer Satisfaction Questionnaire to help us ensure that our standard of customer care exceeds expectations wherever possible.

Please check the appropriate box to indicate your degree of satisfaction.

Where: **1** = Excellent, **2** = Good, **3** = Satisfactory, **4** = Poor **5** = Very Poor

TOPIC	1	2	3	4	5	Comments / Improvement Suggestions
Week One: Intro, about me, antidote to stress, breathing, Mudra, Lessons in confidence						
Week Two: Consciousness, energy, RLN Factor, Prime Directives of Energy, High Vibe Meditation, Levels of Human Consciousness						
Week Three: Primordial Influences						
Week Four: Sacred Mantra Meditation						
Week Five: Manna Eating						
Week Six: Dimensional Journeying						
Week Seven: Bodhi Flow						
Week Eight: Higher States of Consciousness						

Did you benefit from the daily journal work? Any suggestions?

Do you have any comments or suggestions that would help improve Transcendence Technique?

How thoroughly do you believe we understand the concepts of each Module and are able to add value to you?

In your opinion, what would be a good price for this program?

Did the weekly calls benefit you? Did you need to meet weekly? How could I add value to the calls?

Please provide a written testimony

Would you be prepared to recommend Transcendence Technique to others? Yes ☐ No ☐

Would you be prepared to provide a video testimonial for use in our marketing? Yes ☐ No ☐

Customer Signature:

Date: