

# **FeedBack Form**

## **(Law of Attraction)**

1) Did you like this Seminar Topic ?

☐ Yes

☐ No

2) Would you like to take benefit of the Law of attraction in your daily life ?

☐ Yes

☐ No

3) Rate this Seminar on the Scale of 10:

-----/10

4) Was the speaker successful in conveying the proper meaning of Law of Attraction ?

☐ No Really

☐ Partially

☐ Totally

5) Do you think that even the other students of the Institute must get a chance to attend this seminar ?

☐ Definitely

☐ Not really

☐ I am not sure

6) Do you feel the Law of Attraction can be helpful to you to survive the difficulties of you life ?

☐ Yes

☐ No

7) Any other Suggestions (About the topic or Presentation or the Presenter)

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Name: \_\_\_\_\_

Year / Department: \_\_\_\_\_