



### POST COURSE PERMISSION FORM

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please Circle

Are you happy to be contacted about your experience with Living Smart by researchers in the future?      YES      NO

Are you happy for your contact details to be given to Be Living Smart Inc?      YES      NO

Do you give permission for photographs of you taken during the course to be used for Living Smart evaluation and promotional purposes?      YES      NO

Would you like to join the Be Living Smart Inc not-for-profit association? Membership is \$40 per year and will ensure you remain up to date with all Living Smart activities. You will receive quarterly emails on Living Smart activities as well as other special offers and information.      YES      NO

Would you be interested in joining or creating a local "Living Smarties" group in your community?      YES      NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_