



# SFQ TESTIMONIALS

## 2012 Guidelines - Sharing Stories

Testimonial Name:

Their Address:

Their Email:

Their Phone Number:

Their Permission to use:

Attribution: first & last name

May SFQ Contact them?

Will they submit a photo?

Will they do a video testimonial?

What brought them to you  
and SFQ?

What were they seeking?

How did SFQ make a  
difference?

How long did they  
practice?

Do they do active exercises  
& meditate?

Did they practice SFQ  
Fundamentals?

Did they take a SFQ class?

Did you offer in person and/  
or remote healing?

Are they a member of your  
Practice Group?