



Birth Into Being - Core Cry Reflection Form

Thank you for your participation in the workshop. We would love to have your feedback. Answers are optional and kept confidential.

- ❖ Your name: Contact email:
 - ❖ Facilitator:
 - ❖ Location: Date:
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- ❖ Please give us your feedback about your Core Cry (i.e. your facilitator's quality of presence including their name; was it deeply satisfying for you or could something have been better?):

What are your three words right now?

- ❖ Please give us your testimonial about the workshop that we may use for promotion to help others make a decision to attend a Birth Into Being event.

Be sure to sign up for our Newsletter: www.birthintobeing.com/newsletter