Raindrop Technique® Testimonial

The Raindrop Association of Australia, Inc. would love to hear your experiences of Raindrop Technique, as this contributes greatly to our program development and our understanding of the scope of Raindrop Technique. Please write your testimonial in the space provided below, or attach as a separate sheet. If you grant us permission (by filling in the details at the bottom of this page), we may use your testimonial in full or part in our upcoming publications and advertising. We're very grateful for your contribution.

A tip about writing testimonials. In Australia we may not make therapeutic claims about Raindrop Technique or Young Living's essential oils. Instead of using sweeping statements such as "this cured my pain" or "this healed me", simply state specifically what you did or felt, and what the results or experiences were.

Please send your testimonial to:
The Raindrop Association of Australia
PO Box 555
Maryborough VIC 3465

NAME AS YOU'D LIKE IT TO APPEAR IN OUR ADVERTISING:
_____

FULL NAME (if different to above):_____

POSTAL ADDRESS:_____

PHONE:_____(HM)_____(WK)_____(MOB)

EMAIL:_____

I hereby grant permission for my testimonial supplied above to be used in full or part in any/all advertising undertaken by The Raindrop Association of Australia Inc., and The Health Garden, including printed and electronic media, or edited for compliance as required:

Signed: _____Date:_____

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