Neural Pathway Restructuring™ Association
Changing your past to create your future

Client Testimonial:

Name _____Date: _____

Associate Practitioner Name _____

So that others may be helped by this process, we ask for feedback from our clients. If you would write a few paragraphs letting us know how the Neural Pathway Restructuring™ techniques helped you we would greatly appreciate it.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do we have your permission to post this Testimonial on the Neural Pathway Restructuring™ website? Yes/No

May we use your name or initials? Yes/No

Signature: _____

Copyright© 2008, Debra Fentress