CLIENT TESTIMONIAL FORM

I hereby give permission to the Institute of Structural Energetic Therapy®, Inc. to use my testimonial, photos, history, and other written information regarding my therapy and training in this therapy. This information can be used in any training class, publication, or promotional material for the purpose of any or a combination of the following:

- heightening the awareness and knowledge of Structural Energetic Therapy® techniques
- educating the general public
- demonstrating the value of being trained in these techniques and protocols
- promoting the training of future SET Practitioners.
- educating SET Practitioners

Name:_____Date:_____

_____client ____massage therapist ____other(_____)

TESTIMONIAL - *(please don't feel limited to this space - use more paper if necessary)*

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Signature:_____