

Trial Checklist

Name of Trial Customer: _____

Referral/Coach: _____

System Status:

ordered:___ System Shipped: _____ Delivered: _____ Purchased: _____ Returned_

Dates of Trial: _____

Emails Started _____ Confirmed Receiving Emails _____

Knows How To Get Started With Lights: _____

Has basic info on light through webinar, video, phone call, meeting? _____

Has listened to the Lumi Light audio with at least their first light session. _____

Link is in letter and on the Shine With Light website under
audios/videos.

Has used the lights on setting B or C, with Eye Light Pad on closed eyes, Medium Pad over the belly or the thymus and Big Pad across or up and down the lumbar spine.

Schedule Personal Light Coach Consultation within first 3-5 days:

Questions/ comments? _____

How will they be using the pads over the next 7 days?

Follow up Call - Within 9 days schedule a follow up call to report how program is going and get assistance if you need it. _____

Knows Purchase Options _____ Ready to Order? _____

Knows Shipping Instructions: _____ Returned Unit: _____