

PBN REFERRAL SLIP

Professional Business Network Date: _____

From: _____

To: _____

Referral: _____

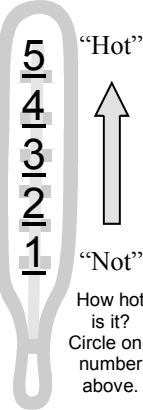
Address _____

City, State, Zip Phone

E-mail Address _____

I have given them your card I told them you would call

Comments: _____



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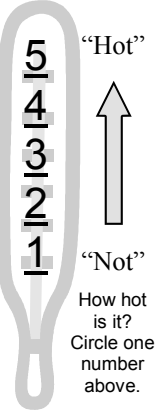
Address _____

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PBN REFERRAL SLIP

Professional Women's Network Date: _____

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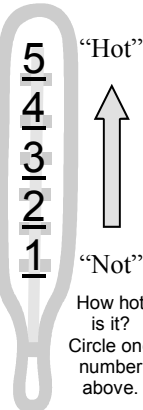
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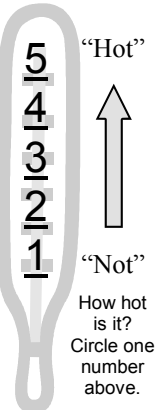
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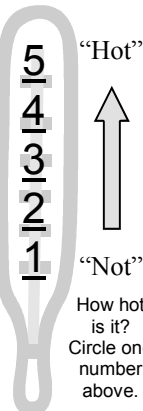
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