



**CharlottesvilleBusinessExchange**

**Referral Slip**

Referral for: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person being referred: \_\_\_\_\_

Nature/details of the referral: \_\_\_\_\_

\_\_\_\_\_

How to make contact with this person: \_\_\_\_\_

\_\_\_\_\_

CBE member giving this referral: \_\_\_\_\_



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