



# Referral Connectors

YOUR CONNECTION TO INCREASED BUSINESS THROUGH REFERRALS

**North Port Friday Lunch Networking Group Registration form**  
**Please Attach A Business Card**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

How would you describe your best customers? \_\_\_\_\_

\_\_\_\_\_

What geographic area do you serve? \_\_\_\_\_

How do you attract business? \_\_\_\_\_

\_\_\_\_\_

Why would this networking group be helpful to your business growth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to offer to this group? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List below three references with their telephone numbers and email addresses , who can talk about their business experience with you:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_