



REFER A FRIEND BONUS PROGRAM

Name of CTS Referring Therapist _____

Discipline: _____

Date of Hire: _____

Name of Referral _____

Discipline: _____

Date of Hire: _____

Bonus \$ _____

Area Director's Signature: _____

President's Signature: _____

Bonus will be paid following 30 days of satisfactory employment with CTS.