

CALL TO BOOK YOUR FREE HEARING ASSESSMENT TODAY!



323 Evergreen Drive Toronto, ON M6J 3H9 AcmeAudiology.ca **416-555-5698**

YOUR DETAILS

Fill in your name and your referred friend's name on this form. Then pass the top part of this card to our clinic and the bottom part to your referred friend.

Your Name:								
Friend or Family Name:								
Choose your preferred gift card reward:								
\$25 Sho	ppers Drug Mart							
\$25 Ess	0							

\$25 Cara

\$25 Tim Hortons

This offer is valid once your referred friend has completed a hearing assessment and purchased a hearing aid. We will call you when your gift card(s) is ready for pick-up.

Terms & Conditions: The [insert clinic name] Refer a Friend Program is open to all customers of our clinic and is available through December 31, 2015. Certain restrictions apply. [insert clinic name] reserves the right at its sole discretion to, without notice, terminate or suspend the Program, in whole or in part, or modify it in any way. We respect your privacy. All personal information you provide to us will be used exclusively for the administration of this Program and for no other purpose. For full Terms and Conditions, ask your clinic representative.

Keep a record of your hearing assessment appointment:

My appointm	ent locati	on:					
My appointme	ent date:						
		MONTH	DAY	YEAR	1	TIME	
Referred by:							