

Child Care Health Consultant

Cash remittance

Your Name: _____

Date _____

Address _____

Phone: _____

Name of person referred: _____

Phone: _____

I understand the person referred must be hired by Nurse Consultants LLC for me to receive my first 100.00 payment and must continue employment for at least 6 months for me to receive my second payment of \$100.00.

Signature _____

Date: _____

Please mail to Nurse Consultants LLC, 259 Silver Street
North Granby, CT. 06060

or

e-mail: **info@nurseconsultantsllc.com**