



Referral Partner Agreement

As a Referral Partner for CLC, I agree to the following:

- I/We will share information about CLC and its services to children and families who I/We feel may benefit from the program.
- I/We understand that some children may not be a good fit for conductive education and will therefore not be able to join the program
- I/We agree to let CLC display our Name/Logo as a Referral Partner on their Website, public communications, and grants
- I/We will stay informed regarding what CLC is doing and how the program supports children with motor disorders by reading the materials and updates provided by CLC.
- I/We will ask questions about conductive education in order to be an advocate for its growth in the community and throughout the state.

Contact info

Company/Individual(s) Name: _____

Contact Name/Title: _____

Phone #: _____ Email: _____

Address: _____

City/State/ZIP: _____

By signing below, I agree to be a Referral Partner for CLC and to the statements listed above.

Signature: _____ **Date:** _____

*Please send a high-quality Vector/JPG/PNG file to the email below.

For questions, contact Director of Development, Angela Freier at
afreier@conductivelearningcenter.org or 616-575-0575