



DON'T LET ANYONE BE LEFT OUT OF THE CONVERSATION



How it works:

Refer a friend or family member to one of our clinics, and if they complete a hearing assessment **you will receive a \$20 gift card** and **your friend or family member** will receive **our special offer!**



CALL TO BOOK YOUR **FREE** HEARING ASSESSMENT TODAY!

SPECIAL OFFER: RECEIVE \$250 OFF SELECT HEARING AIDS. Call a clinic near you for details.

PROFESSIONAL



HEARING SERVICES

- | | |
|--------------|----------------|
| Ajax: | (905) 428-7555 |
| Bowmanville: | (905) 623-1994 |
| Cobourg: | (905) 373-1470 |
| Newcastle: | (905) 987-5252 |
| Scarborough: | (416) 286-9800 |
| Whitby: | (905) 666-8000 |

YOUR DETAILS

Please fill in the information below and bring in this card at your appointment time and our clinic will take care of rest!

Your Name: _____
FIRST LAST

Friend or Family Name: _____
FIRST LAST

YOUR GIFT CARD REWARD:

■ \$20 Tim Hortons

REFERRED FRIEND / FAMILY MEMBER PROMOTION:

\$250 OFF select hearing aids. See clinic for details.

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

Terms & Conditions: Professional Hearing Services Refer a Friend Program is open to all customers of our clinic. Certain restrictions apply. Professional Hearing Services 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:

Location: _____

Date & Time: _____
MONTH DAY YEAR | TIME

Friends Name: _____
FIRST LAST