



the little black book
for every busy woman™

APPLICATION FOR INCLUSION

Name of Business: _____ Date: _____

Owner/Owners: _____ Media Contact: _____

Contact Information	
Address:	Phone:
	Fax:
Web Address:	Email:

Please tell us about your business, including how long you've been in operation and what you specialize in:

How did you find out about The Little Black Book?

The Little Black Book is based on referrals. Businesses and service providers who have not been previously referred are required to supply referrals from a minimum of 5 past women clients.

Thank you!

Name: _____ Contact Information: _____

