



Program Administrator Referral For TMPAA Members

Referral Information:

Agency Name _____

Contact _____

Email _____

Phone (_____) _____

For Carriers: Do you currently have a program with this administrator? Yes No

Referred by:

Carrier/Agency _____

Contact _____

Email _____

Phone (_____) _____

Send completed referral to:

Ray.scotto@targetmkts.com or fax to: 302-765-6037