Top 20 Exercise

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Instructions: Complete the exercise below to determine where to focus your Top 20 efforts.

Referral Source by Name	Potential A-B-C-D	Actual A-B-C-D	Rapport A-B-C-D	Last Contact	Type of Person
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		
	A	A	A		

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