



Jamaica Customer Service Association

in collaboration with the
International Customer Service Association &
Rockhurst University Centre for Continuing Studies

CERTIFICATION PROGRAMME THROUGH THE CUSTOMER'S EYES -Caribbean Perspective-

APPLICATION FORM

Name: _____
First *Last* *Middle Initial*

Title: Mr. Mrs. Ms. Other Job Title: _____

DATE OF PROGRAMME: _____

CONTACT INFORMATION

Applicant's Tele: _____ (W) Ext: _____ Tel: _____ (C) Tel: _____ (H)

Fax: _____ E-mail: _____

Company Name: _____ Address: _____

Company's Contact Person: _____ Position of Contact Person: _____

Contact No: _____ (W) Fax _____ eMail: _____

PAYMENT INFORMATION

Cheques (Company cheques only)

Cash

Cheque No: _____

Full Payment: _____

Company: _____

Deposit (50%): _____

Membership Discount: _____

Membership Discount: _____

****Kindly make cheques payable to the Jamaica Customer Service Association,**

Please note that payment for course is required to be paid at least one (1) week in advance of the start of the course. Cancellation seven (7) days prior to the course will attract a 10% fee. Cancellation on the day of the course will attract a 50% fee.

SIGNATURE: _____ DATE: _____
(Please affix company stamp)