



THE JAMAICA CUSTOMER SERVICE ASSOCIATION
ANNUAL CUSTOMER SERVICE CONFERENCE
Unleash the Power of Service for Nation Building!

November 3-4, 2009
The Hilton Kingston Jamaica, 77 Knutsford Boulevard, Kingston 5
REGISTRATION FORM

Name: _____
First *Last* *Middle Initial*

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

Tel: _____ (W) **Ext:** _____ **Tel:** _____ (C) **Tel:** _____ (H)

Fax: _____ **E-mail:** _____

Date(s) Attending Nov 3 Nov 4 **Time** am pm

CONTACT INFORMATION

Company Name: _____ **Address:** _____

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

Contact No: _____ (W) _____ (C) **Fax:** _____

E-mail: _____

PAYMENT INFORMATION

Cheques (**Company or Manager's cheques only**) Cash

Cheque No: _____ **Company:** _____

Member Non-member

Kindly make cheques payable to the Jamaica Customer Service Association.

Cancellation Policy: Registrations are transferable. Cancellations will attract full payment, so please send a participant in place.

Thanks for your registration.

SPECIAL NEEDS/MENU: _____

SIGNATURE: _____ **DATE:** _____
(Please Affix Company Stamp)

Jamaica Customer Service Association

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JaCSA - "Raising Service Standards Nationally ▪ Delighting - Beyond Expectations"