



The Jamaica Customer Service Association

WORKSHOP REGISTRATION FORM

Workshop Date July 21, 2010

WORKSHOP TITLE: **“3Ms of Customer Satisfaction-
Manage, Measure, Monitor”**

NAME (S): _____
 member non-member (Please list names etc. on another sheet if necessary)

JOB TITLE (S): _____

COMPANY: _____

ADDRESS: _____

CONTACT PERSON: _____ Fax: _____

TELEPHONE: _____ Email: _____

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

SPECIAL NEEDS/MENU: _____

- Enclosed is cheque for \$ _____ payable to **Jamaica Customer Service Association**
39 Hope Road, PSOJ Building, Kingston 10, Jamaica W.I.
Tel: (876) 978-8668, 927-6238 Ext. 2251 Fax: (876) 927-5137
Email: jacsassociation@cwjamaica.com
- Please send invoice

REGISTER TODAY! In order to secure your space, please fax in your completed registration.

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

Thanks for your registration