



THE JAMAICA CUSTOMER SERVICE ASSOCIATION
ANNUAL SERVICE EXCELLENCE CONFERENCE 2019
“Service Excellence...Our Business, Our Life!”

Registration
October 1-2, 2019

PERSONAL DETAILS

Name : _____ Job Title: _____	<input type="checkbox"/> Oct 1 & 2
Telephone: _____ Email: _____	
Name : _____ Job Title: _____	<input type="checkbox"/> Oct 1 & 2
Telephone: _____ Email: _____	
Name : _____ Job Title: _____	<input type="checkbox"/> Oct 1 & 2
Telephone: _____ Email: _____	
Name : _____ Job Title: _____	<input type="checkbox"/> Oct 1 & 2
Telephone: _____ Email: _____	
Name : _____ Job Title: _____	<input type="checkbox"/> Oct 1 & 2
Telephone: _____ Email: _____	

SPECIAL NEEDS/MENU: _____
(Please identify participant next to need)

COMPANY INFORMATION & AUTHORISATION

Company Name: _____ Address: _____
Company Contact Person: _____ Position of Contact Person: _____
Contact No: _____ (W) _____ (C) Fax: _____
eMail: _____

Authorizing Signature: _____
(Affix Company Stamp if applicable)

Job Title: _____ Date (dd/mm/yyyy): _____

Fees: Before August 30, 2019 (Early Bird) - **Members: JMD\$30,000.00 p/p, Non-Members: JMD\$32,000.00 p/p**
After August 30, 2019 - **Members: JMD\$33,000.00 p/p, Non-Members: JMD\$35,000.00 p/p**

Venue: Jamaica Pegasus Hotel, 81 Knutsford Boulevard, Kingston 5, Jamaica, W.I.

Time: 8:00a.m. – 4:30p.m.

PAYMENT INFORMATION

CHEQUE (Company or Manager’s Cheques only) CASH Credit/Debit Card Electronic Payment
• Cheque No: _____
JaCSA Member: Yes No

Kindly make cheques payable to the Jamaica Customer Service Association.

Cancellation Policy: Registrations are transferable, Cancellation two (2) days prior to the event will attract full payment.