



Service Quality Institute

The Global Leader in Customer Service

9201 E. Bloomington Freeway, Minneapolis, MN 55420 USA
Phone: 952-884-3311 / 800-548-0538 / Fax: 952-884-8901
Email: quality@servicequality.com * web: www.customer-service.com

SERVICE QUALITY INSTITUTE'S UPCOMING CONCEPT TRAINING AND REGISTRATION FORM Minneapolis, Minnesota (SQI headquarters)

Certification May 7-10, 2018

The certification sessions will be held **Monday - Thursday** 8:30 am – 5:00 pm,
May 7-10, 2018

Fee: \$2097 (US) CCST and \$1097 for CCSL – Due 2 weeks before the start of training, to guarantee seating and materials.

Important: If payment is received at SQI after the due date, seating is NOT guaranteed, as we are committed to the *quality* of our training environment and not “packing in” last-minute attendees. We will notify you as to seating availability and refund your registration fee if necessary.

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- **Hotel Information:** Holiday Inn Express & Suites Bloomington West, Bloomington. 3 miles from SQI, Phone: 952-893-9999 www.hiexpress.com/mspbloomington Code is SQI
 - \$95 single or double Includes free breakfast. Advance reservations are necessary. Free shuttle to/from airport and SQI. Let us know if you want to share a room.
 - **International:** If you need a visa, plan on 1-2 months for the US Embassy to get this scheduled and approved. A letter of invitation to you and the embassy will be sent after a signed agreement is received. Plan ahead: you must have all arrangements and fees finalized with SQI at least 2 weeks before certification! Your registration fee will be refunded if your visa not provided.
 - **SQI:** 12 minutes from the airport. You should be at the airport 90 minutes before departure.

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SERVICE QUALITY INSTITUTE CERTIFICATION REGISTRATION FORM

(One form per Attendee – Must be filled out completely)

- Yes, I will be attending the Consultant/Distributor/Licensee Certification on
_____ **May 7-10, 2018**

NAME _____ TITLE _____

COMPANY _____

ADDRESS _____ CITY/STATE _____

ZIP _____ PHONE _____ FAX _____

E-MAIL ADDRESS _____

PAYMENT OPTIONS:

- Check is enclosed (Made payable to Service Quality Institute): \$ _____ (U.S.)

- I am paying by Credit Card:

Credit Card Number: _____ Exp. Date: _____ Code _____
___ Visa ___ Master Card ___ American Express ___ Discover

Name of Cardholder: _____ \$ _____ (U.S.)

Signature: _____

- I will pay by wire transfer to SQI: \$ _____ (U.S.) When SQI receives this form, a form detailing the necessary wire transfer procedure will be sent to me. Please send to:
E-mail Address: _____ (given above) _____ (different email address)

OR

Fax Number: _____ (given above) _____ (different fax number).

Confirmation of your Registration will be sent to you upon receipt of this form and payment. We look forward to having you in attendance at our certification seminars.

SQI Confirmation Signature: _____ ***(Date):*** _____