



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 6-9, 2019](#)

[SQI Channel Partner Training May 3-4, 2019](#)

The certification sessions will be held **Monday - Thursday** 8:30 am – 5:00 pm,
May 6-9, 2019

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 3-4, 2019**

Yes, I will be attending the Customer Service Certification on
_____ **May 6-9, 2019**

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):*** _____