Registration - Individual Category

## Nomination Category

**I wish to nominate in the following category(s):**

☐ Customer Service Manager of the year
☐ Customer Service Professional of the year
☐ Customer Service CEO of the year

## Section A - Applicants details

Name of Applicant .....
Position .....
Company .....
Postal Address .....
.....
Phone (BH) ..... Phone (AH) .....
Fax ..... Email .....

## Section B - Referees

**Referee 1**

Name .....
Position .....
Company .....
Relation to Nominee .....
Postal Address .....
.....
Phone (BH) ..... Fax .....
Email .....

**Referee 2**

Name .....
Position .....
Company .....
Relation to Nominee .....
Postal Address .....
.....
Phone (BH) ..... Fax .....
Email .....

**Referee 3**

Name .....
Position .....
Company .....
Relation to Nominee .....
Postal Address .....
.....
Phone (BH) ..... Fax .....
Email .....

## Section C - Conditions

I hereby nominate myself/accept to be nominated for the CSIA Australian Service Excellence Awards. I declare that all the information provided is true and accurate and agree to abide by the conditions of entry. Entries close: 30 April 2008.

Registration - Individual Category

## Section D - Employer endorsement

This section is to be completed by the applicant's employer
(Not applicable for Customer Service CEO of the year)

Name of employer .....
Position .....
Company .....
I support this nomination (signed) .....

## Section E - Nominator endorsement

This section is to be completed by those nominating another person.

Name of nominator .....
Position .....
Company .....
Postal Address .....
.....
Phone (BH) ..... Phone (AH) .....
Fax ..... Email .....

I believe he/she should be nominated because .....
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.....

Please attach submissions and other supporting documentation.

## Section F - Nomination Fee

Payment of $60* is payable on all Individual nominations

☐ Enclosed is my cheque. Please make cheques payable to
**Customer Service Institute of Australia**

Please charge my:
☐ Bankcard ☐ Visa ☐ Mastercard ☐ Diners Club ☐ Amex ID

Credit card number ..... Expiry .....
Amount $ .....
Cardholder's Name (please print) .....
Signature ..... Date .....

* Prices exclusive of GST

## Please return to:

**CSIA Australian Service Excellence Awards**
**PO Box 811, Edgecliff NSW 2027**
**Fax: (02) 9387 4477**

CSIA
CUSTOMER SERVICE INSTITUTE OF AUSTRALIA