



The Little EXTRAS... In EXTRAordinary Customer Service

Instructor: Ed Hatch

The client’s confidence is the most precious asset for anyone who “sells” the promise of *unique...compelling...EXTRA-ordinary* service. Superb execution of that service **CONSISTENTLY** is the cornerstone of confidence building and happens only with a **FOCUSED – PROACTIVE – FORWARD THINKING** plan. By failing to develop that plan...to deliver on that promise you risk losing your clients’...confidence...trust...repeat business...referrals...**EVERYTHING!**

To insure “the promise” is kept the attendee of this session will:

- UNDERSTAND the Fundamental Principles of Customer Service
- CREATE a SPECIFIC...6-Step Client Service “Package”
- ITEMIZE the SPECIFIC ACTIONS...for each step of the “Package”
- DEVELOP CHECKLISTS...to assist in IMPLEMENTATION
- MEASURE the results
- DESIGN and FORMAT a CLIENT-FOR-LIFE...SERVICE PRO-gram

Date: October 23, 2012 (Tuesday) 8:00 AM – 4:30 PM (Class starts promptly at 8:30)

Location: Maryland Association of REALTORS®
200 Harry S Truman Pkwy, Room 107, Annapolis, MD 21401
800-638-6425 www.mdrealtor.org

Local Hotels: Hilton – 410-266-9029, Courtyard – 410-266-1555, Mainstay – 410-571-0863

Cost: \$75 for Members of National and MD/DC CRS
\$125 for Members of National CRS
\$150 for Non-Members of National and MD/DC CRS

Questions: Please contact Sharron Dorsey, Education Chair, at 410-575-5053 or mddccrs2012@gmail.com

Please mail or fax the Registration Form to:

MD/DC CRS Attn: Halle Papai, 200 Harry S Truman Parkway, Suite 200, Annapolis, MD 21401

Fax: 443-716-3513 Questions: halle.papai@mdrealtor.org

www.mddccrs.com www.crs.com www.edhatch.com

Cancellation requests must be in writing. The fee for cancellation is \$50.00.

NO CANCELLATIONS or REFUNDS AFTER October 16, 2012

Name _____ Company _____

Mailing Address _____ City _____ State _____ Zip _____

Home/Cell Phone _____ E-mail _____

Amount Paid: _____ **Method of Payment:** Credit Card (Visa/Master Card/American Express/Discover)

Check (payable to MD/DC CRS) *****NO CHECKS ACCEPTED ON DAY OF CLASS*****

NAME ON CREDIT CARD _____

CARD TYPE _____ ACCOUNT NUMBER _____

EXPIRES _____ SIGNATURE _____

_____ Please check if you have a disability which would require services at the course and attach a description of your needs.