

COPC® Data Analysis for Contact Center Operations

Date :
29th July - 30th July 2020



Please complete in **BLOCK LETTERS** as information is used to produce participant badges. Please photocopy for multiple bookings.

For exclusive CCAM Member Rates , please contact CCAM Secretariat via email ccam_secretariat@ccam.com.my or call 03 - 7874 5580.

PARTICIPANT REGISTRATION DETAILS (1)

| | | | |
|-------------|------------------------------|-------------------------------|---|
| Company | | | |
| Title | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> |
| Full Name | | | |
| New I/C | | Office No | |
| Department | | Mobile No | |
| Designation | | Fax | |
| Email | | | |

PARTICIPANT REGISTRATION DETAILS (2)

| | | | |
|-------------|------------------------------|-------------------------------|---|
| Company | | | |
| Title | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> |
| Full Name | | | |
| New I/C | | Office No | |
| Department | | Mobile No | |
| Designation | | Fax | |
| Email | | | |

PARTICIPANT REGISTRATION DETAILS (3)

| | | | |
|-------------|------------------------------|-------------------------------|---|
| Company | | | |
| Title | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> |
| Full Name | | | |
| New I/C | | Office No | |
| Department | | Mobile No | |
| Designation | | Fax | |
| Email | | | |

If the invoice is to be addressed for the attention of a different person than the participant, please complete the details below:

| | | | |
|-----------|--|-----------|--|
| Full Name | | Office No | |
| Email | | Mobile No | |

If you have not received an acknowledgement before the event please call us on **6(03) 7874 5580** to confirm your booking.

4 WAYS TO REGISTER

☎ 6(03) 7874 5580 ✉ ccam_secretariat@ccam.com.my

📍 **CCAM Secretariat** 🌐 www.ccam.com.my
Block H-09-03, Plaza Kelana Jaya, Jalan SS7/13A,
47301, Petaling Jaya, Selangor Darul Ehsan, Malaysia.

TERM & CONDITIONS

CCAM CANCELLATION, POSTPONEMENT AND SUBSTITUTION POLICY

- 1) Notice of cancellation must be given in writing for confirmed registration up to five (5) working days prior to event. There would be no refund to those who do not cancel five (5) working days in advance.
- 2) In the event that CCAM needs to cancel the event for any reason, CCAM will be responsible for refunding the registration fees received.
- 3) CCAM is not responsible for any loss or damages as a result of a substitution, alteration or cancellation/postponement of the event. CCAM shall assume no liability whatsoever in the event this event is cancelled, re-scheduled or postponed due to a fortuitous event, Act of God, unforeseen occurrence or any other event that renders performance of this event impracticable, illegal or impossible. For purposes of this clause, a fortuitous event shall include, but not limited to: war, fire, labour strike, extreme weather or other emergency.
- 4) Please note that while speakers and topics were confirmed at the time of publishing, circumstances beyond the control the organiser may necessitate substitutions, alterations or cancellations of the speakers and/or topics if necessary without any liability to you whatsoever. Any substitutions or alterations will be updated on our website www.ccam.com.my as soon as possible.

PAYMENT METHOD

CCAM Bank Details:

Account Name: CRM & CCAM
Account Number: 5143 – 2913 – 6216
Bank: Malayan Banking Berhad
Branch Code: 143298000 Bukit Damansara
Swift Code: MBBEMYKL
Bank Address: Ground Floor, Block C,
Kompleks Pejabat Damansara,
Jalan Semantan, Damansara Heights,
50490 Kuala Lumpur.

- 1) All fields are mandatory to be completed. Email the completed form to ccam_secretariat@ccam.com.my.
- 2) Seats are offered on a first come first served basis.
- 3) Closing date for payment is 24th July 2020 (Friday).
- 4) Payment is due in full upon receipt of invoice. Full payment prior to the event is mandatory for attendance.
- 5) A penalty of equivalent to the event price will be imposed on "NO SHOW" per participant.
- 6) Cheque should be crossed and made payable to "CRM & CCAM", Maybank Account No: 514329136216. Or, via electronic funds transfer.

All bank charges to be borne by the payer. Please ensure that CCAM receives the full invoiced amount.

| | |
|------------------------------|----------------|
| Approved by | |
| Authorised Signature : _____ | |
| Name : _____ | |
| Date : _____ | Company Stamp: |

Contact Centre Association of Malaysia (CCAM)
Company Registration No: PPM-001-10-04071999
SST No. B16-1810-32000044

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