Name: _____ Date: _____

Customer Service Week

P U N C F E C I V R E S N I E I M
L Y S J O X J G N A U B B Q D W O
D U Z T P M Y W A J P E C H R C J
A I S E N C M O T C D I O L Z E V
P X G C L E V U N L A M U M L L T
R U X N K G I U N Q E F Q A L I N
O M T E W N B T V I L L N Q N M E
F X R L F I F F A L C O E X Z S I
E R C L Y D N E I P I A B Q X R C
S E O E K N W K D T D Y T J C I I
S M K C K A S U A F O Z X I N V F
I O E X V T B V M K I I W F O P F
O T U E T S I N T T T C H G T N E
N S C T P T L U F P L E H T F O Q
A U B P O U B G E L B A I L E R S
L C T M V O F R I E N D L Y S N N
T K G L E V I T I S O P F G S J J

COMMUNICATION
OUTSTANDING
CUSTOMER
POSITIVE
HELPFUL
MOTIVATIONAL
EXCELLENCE
FRIENDLY
RELIABLE
SERVICE
PROFESSIONAL
EFFICIENT
PATIENTS
SKILLFUL
SMILE