



GOVERNOR'S HOSPITALITY PROGRAM

Great Service Star Designation
George S. Mickelson Great Service Award
Outstanding Hospitality Certificate

Sponsored by:
The South Dakota Office of Tourism
The Governor's Tourism Advisory Board





*REAT SERVICE STAR DESIGNATION &
GEORGE S. MICKELSON AWARD*

The Great Service Star Designation Program is designed to identify and recognize businesses that complete a set of criteria for hospitality training of their employees, offer a comment mechanism for visitors, and recognize employees providing for great service. Participants meeting the criteria will be awarded a star symbol for use in marketing their business and to demonstrate to visitors their commitment to "Great Service." They will also receive a GSS plaque.

To qualify for the Great Service Star designation, you must already have the following in place:

1. Employee Hospitality Training

One of the following is required:

- a. Attend the Governor's Conference on Tourism.
- b. Attend a professional training seminar sponsored by a Chamber of Commerce, Convention and Visitors Bureau, community, development corporation or state agency.
- c. Hire a professional trainer for on-site training.
- d. Use your company's corporate training program.
- e. Your own training.

2. Visitor Comment Mechanism

Provide an opportunity for visitor feedback through the use of comment cards, evaluation sheets or on-line forms.

3. Recognition for Employees

Reward employees who have been recognized as providing great hospitality service in one or more of the following ways:

- a. Nominate employee for a Governor's Hospitality Certificate.
- b. In-house recognition such as newsletter, bulletin board, employee of the month.
- c. Offer incentives.
- d. Present awards or recognize employee at a staff gathering.
- e. Develop other ways to recognize or reward employees.

NOTE: Submission of this application automatically qualifies your business for consideration for the George S. Mickelson Great Service Award.



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Directions

Please type or print responses. Illegible forms may be returned for clarification.

All steps must be completed for consideration for the Great Service Star Designation.

All questions must be answered.

Mail all required materials and items you feel are unique to your business or training. Please do not send training manuals.

Application form is available on line at SDVisit.com. (See industry marketing programs)

Deadline for submission of application is the September 10, 2010.

Call or email Eileen Bertsch with questions.

605.773.3301

eileen.bertsch@state.sd.us

Return form to:

Hospitality Program
South Dakota Office of Tourism
711 E. Wells Avenue
Pierre, SD 57501





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Application

Company Name: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Company Web site: _____

Contact Name: _____

Phone: _____

E-mail Address: _____

Name of Person Preparing Application: _____

Phone: _____

E-mail Address: _____

Have you participated in this program in the past? _____

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Step 1

Staff Hospitality Training

Company Name: _____

Approximately how many people do you employ?

Permanent: _____ Seasonal: _____ Volunteer: _____

1. Which of the following training programs did you or staff attend during this calendar year?

State sponsored hospitality training - Please check all that apply:

____ January - Tourism Conference in Pierre

____ On-line Customer Service Training - "Serving Great Faces in Great Places"

____ Spring training in Chamberlain, Custer, Custer State Park, Ft. Sisseton, Keystone, Pierre, Sioux Falls, Spearfish, Wagner, Watertown

Number of staff trained: _____

Hired a professional trainer

Trainer's Name: _____

Number of staff trained: _____

Attended a professional seminar sponsored by a Chamber of Commerce, Convention and Visitors Bureau, community or development corporation

Title of seminar or speaker's name: _____

Number of staff trained: _____

Corporate training offered by your company

Number of staff trained: _____

Other training not listed above

Explain: _____



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Step 1 continued

2. Do you provide continuing hospitality training? Yes No

If yes, describe:

3. Give a brief description of your hospitality philosophy.

4. Describe benefits you have seen in your employees and your business as a result of hospitality training.

5. Describe your overall training/orientation program. Include other elements that make your program successful.

Attach additional pages as needed.

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Step 2

Visitor Comment Mechanism

Company Name: _____

1. Do you implement a customer/visitor response form? Yes No
(Attach a sample of your form)

2. If yes, how is it made available to visitors? _____

3. Do you offer incentives to visitors to fill out the customer response forms? Yes No

If yes, explain: _____

4. Do you respond to visitors who offer positive feedback? Yes No

If yes, explain and attach example: _____

5. Do you respond to visitors who offer negative feedback? Yes No

If yes, explain and attach example: _____



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Step 3

Employee Hospitality Recognition

Company Name: _____

Receipt of the Great Service Star Designation requires that you offer employee recognition for outstanding hospitality service. Complete all that apply below.

1. Recognition from the state

Did you nominate members of your staff for the Governor's Certificate of Recognition for Outstanding Hospitality by completing and sending the nomination form to the Office of Tourism?

Yes No

If yes, list names of those who received a certificate, star or pin during this calendar year.

If you listed staff above, how were they presented with their certificates?

2. Company or in-house staff recognition: Aside from the Governor's Hospitality Certificate program, do you have other ways of recognizing staff for outstanding service?

Yes No

If yes, explain:

3. Attach samples of newsletters, photographs of bulletin boards or other examples of in-house staff recognition.

Describe:

Attach additional pages as needed.

*G*OVERNOR'S CERTIFICATE OF RECOGNITION
FOR OUTSTANDING HOSPITALITY &
CUSTOMER SERVICE

Nomination Form

(Please type or print)

Employee's Name: First: _____ Last: _____

Company Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Web-site: _____

Staff Person Preparing Report: _____

Staff Person's Phone: _____ E-mail: _____

Nominee's Supervisor's Name: _____

Supervisor's Phone: _____ E-mail: _____

If nominated employee is seasonal, list termination date: _____

Date Nomination Submitted: _____

Date Outstanding Service Occurred: _____

Attach a copy of customer comments. Use space below for additional comments or information. Attach additional sheets as needed.

Certificate will be sent to employee's supervisor unless otherwise requested.

SEND TO: HOSPITALITY PROGRAM
SOUTH DAKOTA OFFICE OF TOURISM
711 E. WELLS AVENUE
PIERRE, SD 57501-3369

