

Grant Assistance Service

White House Faith Base Initiative Seminar

Registration Form

Title: (Pastor, community leader, business owner, ect)

Name: _____

**Name of
Organization/Business:** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone: _____

Email address: _____

Number of people attending _____

Cost \$99.00 pp

Total amount due _____

**Cash or Money Order Only!!!
Pay the day of seminar at the door.**