



G.R.A.C.I.E Certification Course Registration Form

Course Location and Dates _____, From _____ To _____

Name of the Department

Address -1

Address -2

City

State

Zip Code

Telephone Number: () - Fax Number: () - E-Mail Address: _____

Please Choose of the following payment options:

Dept. PO ____, Credit Card ____, Pay By Check ____

Payment Information:

Department PO # _____

FOR OFFICE USE ONLY:

Date Received: __/__/__.

Date Of Paymnet: __/__/__

Check Number: _____

Credit Card Information:

Credit Card # _____

Exp Date: __/__/__

Name on the card: _____

Credit Card Billing Information:

Billing Address: _____

City _____, ST: ____, Zip _____

Contact Telephone: () -

Officer Information:

Name of the Officer: _____

Name of the Officer: _____

Name of the Officer: _____

Name of the Officer: _____

Name of the Officer: _____

How to submit this applicaiton

By Fax:

Please fax to: 310-316-7411

Attn: Christina or Joi

By E-Mail:

Please e-mail to: joi@roycegracie.tv

By Mail:

Mail to: KhonKhor Enterprises, Inc
Attn: G.R.A.C.I.E Course Registration
1970 South Prospect Ave, Suite 4
Redondo Beach, CA 90277