

CFR SEMINAR REGISTRATION FORM

NAME: _____
(As you want it to appear on our website and your CFR graduation certificate)

OFFICE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE: _____ WK PHONE: _____

E-MAIL: _____

WEBSITE: _____

DC LICENSE NO.: _____ STATE _____
(Please provide a copy of your current license)

CFR BASIC SEMINAR

July 02 - 03, 2022

7/02: 9:00PM - 6:00PM

7/03: 9:00AM - 1:00PM

**Chiropractic Den Haag
Laan Van Meerdervoort 213
2563 AA, Den Haag**

**BEFORE June 1st:
REGISTRATION FEE 2,295.00 Euro**

**AFTER June 1st:
REGISTRATION FEE 2,495.00 Euro**

PAYMENT METHOD _____ VISA _____ MC _____ AMEX _____ DISCOVER

CREDIT CARD NO. _____

EXP _____ 3 digit Security Code _____ Billing Zip Code _____

SIGNATURE _____ DATE _____

Return completed form to:

dr.adam@cranialfacialrelease.com

U.S. Tel: (818) 427-1312 U.S. Fax: (818) 962-3444

Thank you!

Deposits and registration fees are non-refundable, but can be applied to future seminars.