

CFR ADVANCED REGISTRATION FORM

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

ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE: _____ WK PHONE: _____

E-MAIL: _____

WEBSITE: _____

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

CFR ADVANCED SEMINAR CATALINA ISLAND, CA. SEPTEMBER 28-30, 2018

9/28: 12:00PM - 6:00PM

9/29: 9:00AM - 6:00PM

9/30: 9:00AM - 1:00PM

REGISTRATION FEE - \$1495

Before Aug. 1st - \$1295

CFR ELITE - \$995

Before Aug. 1st - \$795

SATURDAY NIGHT BOOZE CRUISE - 4 hrs. - Includes Food & Beverage - \$125

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) 394-9310

Thank you!

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