

# 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.: \_\_\_\_\_ COUNTRY \_\_\_\_\_ PROVINCE \_\_\_\_\_  
(Please provide a copy of your current license)

CFR BASIC SEMINAR  
**Sept 11- Sept 12, 2020**

9/11: 12:00PM - 6:00PM  
9/12: 9:00AM - 6:00PM

## SEMINAR LOCATION

Ahearn Chiropractic  
Alexander Str. 18  
Duesseldorf, 40210

**REGISTRATION FEE 2300 Euro**  
(1x charge - CFR Certified Dr's are No Charge)

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](mailto: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.