

# CFR ADVANCED 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 ADVANCED SEMINAR SEPTEMBER 25-27, 2020

09/25: 12:00PM - 6:00PM

09/26: 9:00AM - 6:00PM

09/27: 9:00AM - 1:00PM

Hilton Garden Inn

401 S. San Fernando Blvd.

Burbank, CA 95102

(818) 509-7964

Recommended Airport: Burbank Bob Hope Airport

**REGISTRATION FEE - \$1495 or Before Aug. 1st - \$1295**

**CFR ELITE - \$ 995 or Before Aug. 1st - \$ 795**

**\*\*We are offering an additional \$200 off the registration fee  
if you register before July 1st (\$1,095 & \$595)**

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.