

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

CEMENT MASON LOCAL 600

3921 W. Burbank Blvd.

Burbank, CA. 91505

(818) 427-1312

Recommended Airport: Burbank Bob Hope Airport

REGISTRATION FEE - \$1295 or Before Sept. 1st - \$1095

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

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.