

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

April 03 - 05, 2020

4/03: 12:00PM - 6:00PM

4/04: 9:00AM - 6:00PM

4/05: 9:00AM - 12:30PM

Embassy Suites by Hilton
800 N. Central Ave.
GLENDALE, CA. 91203
For Room Reservations: 818-509-7964

REGISTRATION FEE \$2995

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.