

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
Aug 31- Sept 2, 2018

8/31: 12:00PM - 6:00PM

9/01: 9:00AM - 6:00PM

9/02: 9:00AM - 1:00PM

Amsterdam, Netherlands
Kerkweg 2c
1906 AW, Limmen

REGISTRATION FEE 2500 Euro

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.