

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)

**Please call for additional Information:
Phone: 818-427-1312 Fax: 818-962-3444**

REGISTRATION FEE \$3,495 ONE TIME CHARGE!

*"Once you take a CFR Basic seminar you can
take as many as you want after that for FREE!"*

INCLUDES \$400 CFR TREATMENT KIT

**CFR BASIC SEMINAR
November 11 - 13, 2022**

**LOCATION:
MIAMI, FL.
Hotel TBD**

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

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

11/13: 8:30AM - 12:30PM

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PAYMENT METHOD _____ VISA _____ MC _____ AMEX _____ DISCOVER

CREDIT CARD NO. _____

Exp Date: _____ 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.