

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

Sept 16 - 18, 2022

09/16: 12:00PM - 6:00PM

09/17: 9:00AM - 6:00PM

09/18: 9:00AM - 12:30PM

LOCATION OF SEMINAR:

Athlete Chiropractic, PLLC.

3260 N. Hayden Road, Suite 104

Scottsdale, AZ. 85251

EARLY BIRD Registration Fee Before April 1 st -

\$2,995 After August 1st, Registration Fee - \$3,495

Please call for additional Information:

Phone: 818-427-1312 Fax: 818-962-3444

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!