

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.: _____ COUNTRY _____ PROVINCE _____

CFR BASIC SEMINAR

Sept 11- 12, 2020

Fri:12:00PM - 6:00PM

Sat: 9:00AM - 6:00PM

REGISTRATION FEE:

2300 Euro

No charge for
CFR certified Dr's

CFR ADVANCED SEMINAR

Sept 13, 2020

Sun 9:00AM - 6:00PM

REGISTRATION FEE:

1300 Euro

SPECIAL OFFER

**BOTH SEMINAR'S
CFR BASIC & ADVANCED:**

\$ 3000 euro

SEMINAR LOCATION

Ahearn Chiropractic
Alexander Str. 18
Dusseldorf, 40210

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.