

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**

REGISTRATION FEE \$3,995 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 17 - 19, 2023**

**11/11: 9:00AM - 6:00PM
11/12: 9:00AM - 6:00PM
11/13: 8:30AM - 12:30PM**

**LOCATION:
Holiday Inn Port of Miami
340 Biscayne Boulevard,
Miami, FL 33132**

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

PAYMENT METHOD _____ VISA _____ MC _____ AMEX _____ DISCOVER

CREDIT CARD NO. _____

Exp Date: _____ 3 digit Security Code _____ Billing Zip Code _____

A 3% Service Charge Will Be Added to Registration to Cover Credit Card Processing Fees.

SIGNATURE _____ DATE _____

Return completed form to:
dr.adam@cranialfacialrelease.com
U.S. Tel: (818) 427-1312
Thank you!

Deposits and registration fees are non-refundable, but can be applied to future seminars.