

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
March 29 - 30, 2024
Fri - 3/29: 9:00PM - 6:00PM
Sat - 3/30: 9:00AM - 1:00PM

CFR ADVANCED SEMINAR
March 31, 2024
Sun - 3/31: 9:00AM - 6:00PM

Early Bird Before Feb 1st:
\$2,295.00 euro
After Feb 1st:
\$2,495.00 euro

Early Bird Before Feb 1st:
\$995.00 euro
After Feb 1st:
\$1,295.00 euro

Chiropractic Den Haag
Laan Van Meerdervoort 213 2563 AA,
Den Haag, Netherlands

PAYMENT METHOD _____ VISA _____ MC _____ AMEX _____ DISCOVER _____

CREDIT CARD NO. _____

EXP _____ 3 digit Security Code _____ Billing Zip Code _____

A 3.5% Service Charge Will Be Added to Registration to Cover Credit Card Processing Fees.

SIGNATURE _____ DATE _____

(Please contact your credit card company to pre-authorize charge)

Return completed form to:
dr.schaer@gmail.com Ph. +31-6211 82042 (Whats App)
dr.adamrocks@gmail.com Ph. 818-427-1312

Thank you!

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