

# 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 12 - 14, 2021**

**11/12: 12:00PM - 6:00PM  
11/13: 9:00AM - 6:00PM  
11/14: 8:30AM - 12:30PM**

**HOLIDAY INN PORT OF MIAMI  
DOWNTOWN  
340 Biscayne Blvd.  
MIAMI, FL. 33132**

**For Reservations please call:  
Phone: 305-371-4400 Fax: 305-374-2030**

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](mailto: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.