

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 - 31, 2024

03/29: 9:00AM - 6:00PM

03/30: 9:00AM - 6:00PM

03/31: 9:00AM - 1:00PM

SEMINAR LOCATION:

Hilton Garden Inn Burbank Downtown
401 S San Fernando Blvd,
Burbank, CA 91502
(818) 509-7964

REGISTRATION FEE - \$3,995

"One Time Charge"

*Once You Take A CFR Basic Seminar,
You Can Take As Many Basic Seminars
As you Want After That For FREE!*

*Includes a \$400 Treatment
kit with everything you need
to perform the technique*

PAYMENT METHOD _____ VISA _____ MC _____ AMEX _____ DISCOVER

CREDIT CARD NO. _____

Exp Date: _____ 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 _____

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.