

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

August 27-29, 2021

08/27: 12:00PM - 6:00PM

08/28: 9:00AM - 6:00PM

08/29: 8:30AM - 12:30PM

\$500 DISCOUNT with

Promo Code:

"Dr. Charlotte"

Before Aug. 1st

LOCATION OF SEMINAR:

1100 Dallas Dr. #112

Denton TX 76205

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

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.