CFR SEMINAR REGISTRATIONFORM

NAME:					
(As you w	ant it to appea	r on our webs	site and your C	FR graduation certificate)	
OFFICE NAME:					
ADDRESS:					
CITY, STATE, ZIP:					
CELL PHONE:	WK PHONE:				
E-MAIL:					
WEBSITE:					
DC LICENSE NO.:			STATE		
<u>(Please pro</u>	vide a copy of	your current l	<u>icense)</u>		
	CFR	BASIC	SEMI	NAR	
	Se	pt 16 -	18, 202	22	
		_) PM - 6:00		
	09/	'17: 9:00	AM - 6:00	PM	
	09/	18: 9:00	AM - 12:30	PM	
	LOC	ATION C	F SEMIN	AR:	
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	Phone: 8	18-427-13	12 Fax: 818	8-962-3444	
PAYMENT METHOD	VISA	MC	AMEX	DISCOVER	
CREDIT CARD NO. —					
Exp Date:	_3 digit Security Code		E	Billing Zip Code	
A 3% Servio	e Charge Will B	e Added to Reg	gistration to Cov	ver Credit Card Processing Fees.	
SIGNATURE				DATE	
			pleted form		
	<u>dr.ac</u>		lfacialreleas		
		· · ·	318) 427-1312 1k you!		
		Inal	ix you:		

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