

# 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, 2023**

3/29: 9:00PM - 6:00PM

3/30: 9:00AM - 1:00PM

**Early Bird Before Feb 1st:**

**\$2,295.00 euro**

**After Feb 1st:**

**\$2,495.00 euro**

## CFR ADVANCED SEMINAR

**March 31, 2023**

3/31: 9:00AM - 6:00PM

**Early Bird Before Feb 1st:**

**\$1,295.00 euro**

**After Feb 1st:**

**\$1,495.00 euro**

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

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](mailto:dr.schaer@gmail.com) Ph. +31-70 302 0888

[dr.adam@cranialfacialrelease.com](mailto:dr.adam@cranialfacialrelease.com) Ph. 818-427-1312

Thank you!

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