

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

June 25-27, 2021

06/25: 12:00PM - 6:00PM

06/26: 9:00AM - 6:00PM

06/27: 8:30AM - 12:30PM

LOCATION OF SEMINAR:

Dr Adam Del Torto Home
10246 Falun Drive
Sun Valley, CA 91352

Please call for additional Information:

Phone: 818-427-1312 Fax: 818-962-3444

As with all New Techniques, CFR procedures are best implemented with repetition. That's why after you attend one CFR seminar, you can attend as many CFR Basic seminars as you want in the future for **Free!**

REGISTRATION FEE \$3,495 ONE TIME CHARGE!

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.