

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 - April 19 - 21, 2024

04/19: 9:00AM - 6:00PM

04/20: 9:00AM - 6:00PM

04/21: 9:00AM - 1:00PM

SEMINAR LOCATION:

Springhill Suites by Marriott
8967 West Airport Drive
Spokane, WA. 99224
509-838-9540

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.