

# 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 26 - 28, 2024

04/26: 9:00AM - 6:00PM

04/27: 9:00AM - 6:00PM

04/28: 9:00AM - 1:30PM

### SEMINAR LOCATION:

**SpringHill Suites**

**8967 W. Airport Drive**

**Spokane, WA 99224**

**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](mailto: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.