

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 October 27 - 29, 2023

10/27: 9:00AM - 6:00PM

10/28: 9:00AM - 6:00PM

10/29: 8:30AM - 12:30PM

LOCATION:

TBD

GOLD COAST, AUSTRALIA

REGISTRATION FEE 4,995.00 Aus

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.adam@cranialfacialrelease.com Ph. 818-427-1312

Thank you!

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