CFR SEMINAR REGISTRATIONFORM

STOP: This Is Mandatory Before Proceeding With Registration
Provide Proof of your DC License & Chiropractic College Graduation Certificate

NAME: _____

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

Feb 19 - 21, 2027

Friday: 12 PM - 5 PM
Saturday: 10 AM - 5 PM
Sunday: 9 AM - 12 PM

LOCATION

TBD

San Jose, CA.

REGISTRATION FEE $3,995 ONE TIME CHARGE!

"Once you take a CFR Basic seminar you can take as many as you want after that for FREE!"

INCLUDES $500 CFR TREATMENT KIT

Billed to: Chiropractic Rocks, LLC

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.