

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 ADVANCED LEVEL IV

Lower Airway Obstruction II

☐ Jan 30-31, 2027

Saturday: 9 AM - 6 PM

Sunday: 9 AM - 1 PM

SEMINAR LOCATION:

Tampa FL

CFR ADVANCED LEVEL V

Sleep Apnea Complete

☐ May 22-23, 2027

Saturday: 9 AM - 6 PM

Sunday: 9 AM - 1 PM

SEMINAR LOCATION

Dallas TX

"You can take these seminars in ANY ORDER"

Register Now!

CFR Elite Doctors: **\$495**

Register After Oct 1st: **\$695**

Register For Both CFR Elite Dr.'s: **\$895**

CFR Practitioners: **\$595**

Register After Oct 1st: **\$795**

Register For Both CFR Dr.'s: **\$1095**

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.adamrocks@gmail.com

U.S. Tel: (818) 427-1312

Thank you!

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