CFR SEMINAR REGISTRATIONFORM

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

May 14 - 16, 2027

Friday: 9 AM - 7 PM
Saturday: 9 AM - 6 PM
Sunday: 9 AM - 1 PM

LOCATION

TBD
Spokane, WA

REGISTRATION FEE $3,995 ONE TIME CHARGE!

Billed to: Chiropractic Rocks, LLC

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

INCLUDES $500 CFR TREATMENT KIT

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.