

CFR SEMINAR REGISTRATION FORM

STOP: This Is Mandatory Before Proceeding With The Registration
Please provide a copy of your of DC license or College Graduation Certificate.

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

November 20 - 22, 2026

Friday: 9 AM - 7 PM

Saturday: 9 AM - 6 PM

Sunday: 9 AM - 1 PM

LOCATION:

SpringHill Suites Tampa Westshore Airport

4835 W Cypress Street

Tampa, Florida, 33607

813-639-9600

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 or 4 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.