CFR SEMINAR REGISTRATION FORM

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

NAME: _____
(As you want it to appear on our website and your CFR graduation certificate)

OFFICE NAME: _____

ADDRESS: _____

CITY: _____ **STATE/COUNTRY:** _____ **ZIP:** _____

CELL PHONE: _____ **WK PHONE:** _____

E-MAIL: _____

WEBSITE: _____

CFR BASIC SEMINAR

Oct 17-18, 2026
Sat: 9:00AM - 7:00PM
Sun: 9:00AM - 6:00PM

Location:

Chiropractie Den Haag
Laan van Meerdervoort 213
2563 AA Den Haag,
The Netherlands

REGISTRATION FEE = 2595 euros
Billed to: Chiropractic Rocks, LLC

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 in U.S.)

Return completed form to:
dr.adamrocks@gmail.com Ph. +1-818-427-1312

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