

## **2026 CRANIOBIOTIC TECHNIQUE (CBT) SEMINAR**

**Please email or fax completed forms with your credit card information to:**

Dynamic Health – Attn: Suzan Ward

Email: [seminar@craniobiotic.com](mailto:seminar@craniobiotic.com)

Fax: (208) 765-1951

***No phone payments or registrations will be accepted.***

NAME: \_\_\_\_\_

Only practitioners with one or more of the following degrees are qualified to attend the CBT training seminar and must be currently in practice. ***Please circle one of the following:***

DEGREE:    DC    ND    MD    DO    NP    FNP    OMD    PA    LAc

NAME OF PRACTICE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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☐ NEW ATTENDEE FEE **\$2500**                      ☐ REFRESHER FEE **\$1250**    (check one)

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**HEALTH**

*A Private Membership Healthcare Association*

**M. ANTHONY SMITH, DC**

2065 RIVERSTONE DR. • SUITE 102 • COEUR D'ALENE, ID 83814  
(208) 765-8061 • FAX (208) 765-1951 • DHEALTH@FRONTIER.COM

## **CranioBiotic Technique (CBT) Seminar Confidentiality Agreement**

**This Agreement sets forth the terms and conditions under which you are accepted as a participant at the CranioBiotic Seminar. By signing this agreement, you acknowledge that you have read and understand this agreement and accept the terms and conditions specified below.**

**M. Anthony Smith, DC has developed a health care system that is based on the manual and magnetic stimulation of areas on the brain and upper body in order to direct the brain and immune system to correct a health problem.**

**The CranioBiotic Technique utilizes principles of anatomy, physiology, and neurophysiology. It also constitutes a unique system of health care that is protected by copyright and trademark laws. CranioBiotic Technique is a registered trademark, and all content of the CranioBiotic Technique Seminars are the exclusive intellectual property of M. Anthony Smith, DC. All CranioBiotic materials are protected by copyright laws, and none of these materials may be reproduced without written permission of the owner. Furthermore, all information you receive from the CranioBiotic seminar is considered confidential and a "Trade Secret" of M. Anthony Smith, DC.**

**I \_\_\_\_\_ (Seminar Participant) agree that I have been granted approval to use the CranioBiotic Technique procedures in exchange for my CranioBiotic seminar tuition fee. I also agree that this approval does not include teaching CranioBiotic Technique procedures or treatment to any other party, except in the usual doctor/patient interaction.**

**I further agree that such a disclosure will constitute a breach of this agreement.**

**Seminar Participant's Signature \_\_\_\_\_**

**Print Name: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**CranioBiotic Technique Seminars  
By: M. Anthony Smith, DC**

**Date: \_\_\_\_\_**



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### **CONSENT FOR TREATMENT**

I hereby consent and authorize Dr. M. Anthony Smith, Dr. Ben Erlandson and/or Dr. Joe Erlandson to administer any treatment deemed advisable and necessary for any condition detected in accordance with their knowledge and experience.

Your signature acknowledges that you will hold them harmless from any claims for damages or complications that may result from such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_