

TWEED STUDY COURSE

APPLICATION FOR ADVANCED TRAINING WITH THE EDGEWISE APPLIANCE

DATES OF COURSE:		

The Tweed Study Course is open to qualified orthodontic specialists and to orthodontic graduate students who are enrolled in accredited orthodontic graduate training programs. Proof of qualification to attend may be required.

Last Name	First Name		Application Date
Street Address			
City	State	Country	Postal Zip Code
E-mail Address		Phone	
	Training Program		
Graduation Date from Orthodontic	c Graduate Training Program (or expecte	d graduation date)	
Name of W.F.O. affiliated orthodon	om Orthodontic Graduate Training Program (or expected graduation date) Month / Year liated orthodontic association in applicant's country		Month / Year
Are you a member of/eligible for m (This is a requirement for Tweed St	nembership in the W.F.O. affiliated orthod udy Course attendance.)	ontic association in you	r country?
Are you affiliated with a study grou	up? Where?		
List friends or acquaintances, if any	, who have taken the Tweed Study Course	e or who are members o	of the Charles H. Tweed
International Foundation for Orthod	dontic Research		
of the course may qualify for the str	se is \$2,000. Applicants enrolled in an accudent tuition of \$1,600. Students who are a tuition loan from the Charles H. Tweed	e U.S. or Canadian citize	ens with a relative living in
Course acceptance, tuition fee, p.	nce by email after a review of their cou ayment instructions, course instructions 1.com or phone 520-326-6002 for assistance	s, and hotel accommo	ls regarding Tweed Study dations will be provided.
SUBMIT THIS APPLICATION TO: Tweed Study Course 2620 E. Broadway Blvd. Tucson, AZ 85716 FAX: 520-326-1163 EMAIL: chtweed@aol.com			
Sign below (type for online appl	ication) to verify eligibility to attend th	he Tweed Study Cour	se.
"I affirm that I am a specialist i program."	n orthodontics or a student in an accr	edited orthodontic gr	aduate training
Name		Date Signed	

Rev. 5/2013