

TWEED STUDY COURSE

APPLICATION FOR ADVANCED TRAINING WITH THE EDGEWISE APPLIANCE

DATES OF COURSE:

APRIL 7 - APRIL 17, 2019

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 | |
| Accredited Orthodontic Graduate Trainin | g Program | | |
| Graduation Date from Orthodontic Gradu | aate Training Program (or expect | ed graduation date) | |
| Name of W.F.O. affiliated orthodontic asso | ciation in applicant's country | | Month / Year |
| Are you a member of/eligible for members (This is a requirement for Tweed Study Con | | dontic association in you | ır country? |
| Are you affiliated with a study group? | Where? | | |
| List friends or acquaintances, if any, who h | ave taken the Tweed Study Cour | se or who are members o | of the Charles H. Tweed |
| International Foundation for Orthodontic F | Research | | |
| Tuition for the Tweed Study Course is \$2,0 of the course may qualify for the student to the U.S. or Canada may qualify for a tuition www.tweedortho.com. | uition of \$1,600. Students who a | re U.S. or Canadian citiz | ens with a relative living in |
| Applicants are notified of acceptance by Course acceptance, tuition fee, payment Contact us by email at chtweed@aol.com or | instructions, course instruction | ns, and Îhotel accommo | |
| 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 application |) to verify eligibility to attend | the Tweed Study Cou | rse. |
| "I affirm that I am a specialist in orthoprogram." | odontics or a student in an acc | redited orthodontic gr | raduate training |
| Name | | Date Signed | D. F/2012 |