



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

Accredited Orthodontic Graduate Training Program

Graduation Date from Orthodontic Graduate Training Program (or expected graduation date) _____
Month / Year

Name of W.F.O. affiliated orthodontic association in applicant's country

Are you a member of / eligible for membership in the W.F.O. affiliated orthodontic association in your country? _____
(This is a requirement for Tweed Study Course attendance.)

Are you affiliated with a study group? _____ Where? _____

List friends or acquaintances, if any, who have taken the Tweed Study Course or who are members of the Charles H. Tweed

International Foundation for Orthodontic Research

Tuition for the Tweed Study Course is \$2,000. Applicants enrolled in an accredited graduate orthodontic program at the time of the course may qualify for the student tuition of \$1,600. Students who are U.S. or Canadian citizens with a relative living in the U.S. or Canada may qualify for a tuition loan from the Charles H. Tweed Foundation. The loan application is available at www.tweedortho.com.

Applicants are notified of acceptance by email after a review of their course application. Details regarding Tweed Study Course acceptance, tuition fee, payment instructions, course instructions, and hotel accommodations will be provided. Contact us by email at chtweed@aol.com or phone 520-326-6002 for assistance.

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 Course.

"I affirm that I am a specialist in orthodontics or a student in an accredited orthodontic graduate training program."

Name Date Signed