



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