



THE CHARLES H. TWEED INTERNATIONAL FOUNDATION
FOR ORTHODONTIC RESEARCH AND EDUCATION

31st Biennial Meeting Registration Form
October 26-29, 2016
Dallas, Texas

Please clearly PRINT all information and submit this form, with your payment, no later than September 26, 2016.

NAME _____ SPOUSE/GUEST _____

Street _____

City _____ U.S. State _____ Country _____

Zip Code _____ PH _____ CELL _____ FAX _____

PERSONAL EMAIL ADDRESS (NOT SCHOOL) _____

Doctor registration fee	\$ 600.00
Spouse / Guest registration fee	300.00
Optional Pre-Meeting Session (Wednesday, October 26 th)	100.00

Total Amount Paid \$ _____

The above registration fees include our Thursday night, October 27th reception, as well as all breakfast, lunch and dinner functions on Friday and Saturday, October 28th and 29th.

OPTION 1

PAY BY CHECK PAYABLE TO: CHARLES TWEED MEETING ACCOUNT

Mail the top copy of this registration form, along with your check to:

Dr. James L. Vaden
308 E. First Street
Cookeville, TN 38501

OPTION 2

PAY BY CREDIT CARD online at www.tweedortho.com. You must **click on the 31st Biennial Meeting** link to make your secure payment. Visa, MasterCard, Discover, and American Express, or PayPal are accepted. In addition, you will need to send in this registration form.

Mail the top copy of this registration form to:

Dr. James L. Vaden
308 E. First Street
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Make hotel reservations directly with The Westin Stonebriar Resort **before September 26th** by following the link on the **31st Biennial Meeting** page at www.tweedortho.com.