



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

32nd Biennial Meeting and Workshop Registration Form
October 23-27, 2018
Tucson, Arizona

Please clearly PRINT all information and submit this form along with your payment no later than September 26, 2018.

NAME _____ SPOUSE/GUEST _____

Street _____

City _____ U.S. State _____ Country _____

Zip Code _____ PH _____ CELL _____ FAX _____

PERSONAL EMAIL ADDRESS _____

Doctor registration fee \$ 600.00

Spouse / Guest registration fee 300.00

Workshop (Tuesday – Wednesday, Oct 23-24) 150.00

Total Amount Paid \$ _____

The above registration fees include our Thursday night, October 25th reception, as well as all breakfast, lunch and dinner functions on Friday and Saturday, October 26th and 27th for doctors, spouses/guests. The workshop includes lunch and dinner on Tuesday and Wednesday, October 23rd and 24th for all doctors, spouses/guests.

OPTION 1

PAY BY CHECK PAYABLE TO: CHARLES TWEED MEETING ACCOUNT

Mail 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. Your secure payment can be made on the home page under Biennial Meeting Registration. Visa, MasterCard, Discover, and American Express, or PayPal are accepted. In addition, you must also send this registration form to:

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

Make hotel reservations before September 26th by following the link on the 32nd Biennial Meeting page at www.tweedortho.com.