



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

33rd Biennial Meeting and Workshop Registration Form
October 21-24, 2020
Oklahoma City, Oklahoma

Please clearly PRINT all information and submit this form along with your payment no later than September 28, 2020.

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 (Wednesday, Oct 21) 150.00

Total Amount Paid \$ _____

The above registration fees include our Thursday night, October 22nd reception, as well as all breakfast, lunch and dinner functions on Friday and Saturday, October 23rd and 24th for doctors, spouses/guests. The workshop includes breakfast, lunch, and dinner on Wednesday, October 21st 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 and then Registration Fees Payment. 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 28th by clicking on the link found under Biennial Meeting and then hotel reservations on our website at www.tweedortho.com.