



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

34th Biennial Meeting and Workshop Registration Form
September 17 – 18 (workshop), September 19 – 21 (meeting)
Tucson, Arizona

Please clearly PRINT all information and submit this form along with your payment no later than July 31, 2024.

NAME _____ SPOUSE/GUEST _____

Street _____

City _____ U.S. State _____ Country _____

Zip Code _____ PH _____ CELL _____ FAX _____

PERSONAL EMAIL ADDRESS _____

Doctor registration fee \$ 700.00

Spouse / Guest registration fee 200.00

Workshop (September 17 - 18) 200.00

Total Amount Paid \$ _____

The above meeting registration fee includes our Thursday night, September 19th reception, a catered Friday night event at the Memorial Center, and dinner on Saturday for doctors, spouses/guests.

OPTION 1

PAY BY CHECK PAYABLE TO: CHARLES H. TWEED INTERNATIONAL FOUNDATION

Mail this registration form, along with your check to:

Charles H Tweed International Foundation

2620 E Broadway Blvd

Tucson, Arizona 85716

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 email this registration form to chtweed@aol.com or mail to:

Charles H Tweed International Foundation

2620 E Broadway Blvd

Tucson, Arizona 85716

Make hotel reservations before July 31, 2024 by clicking on the link found under Biennial Meeting and then hotel reservations on our website at www.tweedortho.com.