The Charles H. Tweed International Foundation
For Orthodontic Research and Education

35th Biennial Meeting and Workshop Registration Form
August 19 (workshop), August 20 - 22 (meeting)
Ann Arbor, Michigan

Please clearly PRINT all information and submit this form along with your payment no later than June 15, 2026.

NAME_____ SPOUSE/GUEST_____

Street _____

City _____ U.S. State _____ Country _____

Zip Code _____ PH _____ CELL _____ FAX_____

PERSONAL EMAIL ADDRESS _____

Doctor registration fee	$ 800.00
Spouse / Guest registration fee	300.00
Workshop (August 19)	200.00
Total Amount Paid	**$ _____**

The above meeting registration fee includes our Thursday night, August 20th reception, breakfast on Friday and Saturday, and dinner on Saturday night, August 22nd, for doctors and spouses/guests. Lunch will also be provided for doctors on Wednesday (workshop), Friday and Saturday.

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 our website. 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 June 15, 2026 on our website at www.tweedortho.com.