



THIRD PARTY CREDIT CARD AUTHORIZATION FORM

If you are not using your personal credit card to charge the course and shipping fees, please fill out this form. We accept VISA, MasterCard, and American Express.

Please fax or mail the completed form to Madeline Bacon, Academic Coordinator.

Fax: +1.410.601.0585
 Address: Madeline Bacon
 Baltimore Limb Deformity Course
 Rubin Institute for Advanced Orthopedics
 Sinai Hospital of Baltimore
 2401 West Belvedere Avenue
 Baltimore, Maryland 21215 USA

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

SIC (Security) Code: _____

For VISA/MasterCard: This three-digit code can be located on the back of the card at the top right of the signature box.
 For American Express: This four-digit code can be located on the front of the card above the last digit of the credit card number.

Name of Cardholder: _____

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Amount to be charged: \$ _____ to cover the Baltimore Limb Deformity Course registration and shipping fees for the following individual(s):

Rubin Institute for Advanced Orthopedics, Sinai Hospital of Baltimore
 2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA
 tel: 410.601.9798 fax: 410.601.0585
www.DeformityCourse.com