29th Annual
Baltimore Limb Deformity Courses
August 21 – 25, 2019 | Four Seasons Hotel | Baltimore, Maryland

Corporate Support and Exhibitor Opportunities

Contact:
Madeline Bacon, Manager of Academic and Research Programs
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
E-mail: mbacon@lifebridgehealth.org

www.DeformityCourse.com
I would like to invite you to become a corporate partner and/or exhibitor at the 29th Annual Baltimore Limb Deformity Course (BLDC). Enclosed is the necessary paperwork for you to complete to confirm your commitment. If you would like to become a corporate partner and/or exhibitor, we must have the completed paperwork and funds no later than Friday, July 26, 2019, so that your company can be recognized during the Course. All supporters will be acknowledged on the Course web site after sponsorship is confirmed. The 2019 three-day course will be held August 22–24, 2019, at the Four Seasons Hotel in Baltimore, Maryland. Below are the pre- and post-courses offered.

- The Ponseti @ 20 Pre-Course (August 21, 2019)
- Cadaver Lab: Complex Pediatric Hip/Pelvis Surgery Pre-Course (August 21, 2019)
- Cadaver Lab: To the Tibia – and Below! Pre-Course (August 21, 2019)
- Six-Axis Deformity Correction: Boot Camp Post-Course (August 25, 2019)

The 2018 event would not have been possible without our corporate supporters and exhibitors. Last year’s Course was an extremely successful event with more than 375 attendees from 44 countries and 31 states in the U.S.

Should you have any questions, please e-mail Madeline Bacon at (mbacon@lifebridgehealth.org). Thank you very much.

Sincerely,

John Herzenberg, MD
Course Chairman

We would like to thank these organizations for their support of the 2018 Baltimore Limb Deformity Course:

Avitus Orthopaedics     Paragon 28
CyMedica Orthopedics    Smith & Nephew
DePuy Synthes           Stryker
NuVasive Specialized Orthopedics The MHE Coalition
Orthofix                Vilex
OrthoPediatrics         Zimmer Biomet
Preliminary Exhibitor Schedule for the 29th Annual Baltimore Limb Deformity Course

Schedule subject to change without notice. Please visit www.DeformityCourse.com for the latest information.

Tuesday, August 20th:

18:00 – 22:00  Set up exhibits for Ponseti Pre-Course

Wednesday, August 21st:

06:30 – 07:30  Registration, Continental Breakfast, and Visit with Exhibitors
09:15 – 09:40  Refreshments and Visit with Exhibitors
12:00 – 13:30  Luncheon and Visit with Exhibitors
16:05 – 16:25  Refreshments and Visit with Exhibitors
18:00 – 22:00  Dismantle Pre-Course exhibits
          Set up exhibits for Baltimore Limb Deformity Course

Thursday, August 22nd:  Baltimore Limb Deformity Course (Day 1)

06:00 – 07:00  Registration, Continental Breakfast, and Visit with Exhibitors
08:10 – 08:30  Refreshments and Visit with Exhibitors
11:15 – 11:45  Luncheon and Visit with Exhibitors

Friday, August 23rd:  Baltimore Limb Deformity Course (Day 2)

06:15 – 07:00  Continental Breakfast and Visit with Exhibitors
08:10 – 08:30  Refreshments and Visit with Exhibitors
10:30 – 10:50  Refreshments and Visit with Exhibitors
11:55 – 12:25  Luncheon and Visit with Exhibitors

Saturday, August 24th:  Baltimore Limb Deformity Course (Day 3)

07:15 – 08:00  Continental Breakfast and Visit with Exhibitors
09:00 – 09:35  Refreshments and Visit with Exhibitors
12:10 – 13:20  Break for Lunch
13:20 – 16:00  Dismantle Baltimore Limb Deformity Course Exhibits
Corporate Supporters:
Educational Grants and Benefits

Platinum Level: $50,000 and Above

- Promotional material made available to participants in a dedicated area at registration. Two hundred pieces of appropriate material must be provided by Friday, August 9, 2019.
- Sponsor listed on the Deformity Course web site, including a link to the corporate web site.
- Prominent display of Sponsor's name on Thank You Poster for the Course, which will be visible at the registration desk and on the lecture screen during general sessions. Completed forms and payment are needed by Friday, July 26, 2019.
- Six company employees will receive sponsor badges. These badges will allow access to public areas but not into the plenary sessions.
- Exhibitor booth opportunities at a designated site location that has maximum visibility to the meeting room. Note: Exhibitor fee applies.
- One company employee will be registered as a participant in the course. This individual will receive all the educational materials (workbook, textbooks, handouts) and will be allowed to attend the lecture-based sessions of the three-day Baltimore Limb Deformity Course. Note: This person is expected to refrain from attending the lab sessions. We hope that you will support us in our efforts to maintain an environment of transparency, respect, and good will.
- Sponsorship of an afternoon workshop (2 to 3 hour event for three consecutive days)* or cadaver lab (one day).
- Four tickets to the opening reception.
- Two tickets to the faculty dinner.

Gold Level: $30,000 to $49,999

- Sponsor listed on the Deformity Course web site, including a link to the corporate web site.
- Display of Sponsor’s name on Thank You Poster for the Course, which will be visible at the registration desk and on the lecture screen during general sessions. Completed forms and payment are needed by Friday, July 26, 2019.
- Four company employees will receive sponsor badges. These badges will allow access to public areas but not into the plenary sessions.
- Exhibitor booth opportunities at a designated site with visibility to the meeting room. Note: Exhibitor fee applies.
- Sponsorship of an afternoon workshop (1 to 2 hour event for three consecutive days).*
- Three tickets to the opening reception.
- One ticket to the faculty dinner.

*Duration of workshop contingent upon scheduling metrics as determined by Course Chair.
Silver Level: $15,000 to $29,999

- Sponsor listed on the Deformity Course web site, including a link to the sponsor’s corporate web site.
- Display of Sponsor's name on Thank You Poster for the Course, which will be visible at the registration desk and on the lecture screen during general sessions. Completed forms and payment are needed by Friday, July 26, 2019.
- Three company employees will receive sponsor badges. These badges will allow access to public areas but not into the plenary sessions.
- Exhibitor booth opportunities at a designated site with visibility to the meeting room. Note: Exhibitor fee applies.
- Two tickets to the opening reception.
- One ticket to the faculty dinner.

Bronze Level: $5,000 to $14,999

- Sponsor listed on Deformity Course website, including link to the sponsor’s corporate website.
- Display of Sponsor’s name on Thank You Poster for the Course, which will be visible at the registration desk and on the lecture screen during general sessions. Completed forms and payment are needed by Friday, July 26, 2019.
- Two company employees will receive a sponsor badge. This badge will allow access to public areas but not into the plenary sessions.
- One ticket to the opening reception.

Scholarship Sponsorship: $1,275

In order to provide continuing education to the future leaders in limb deformity correction, we would ask you to consider funding a scholarship in the amount of $1,275 for an orthopedic resident from the United States to attend the three-day Deformity Course. This scholarship will cover the cost of the resident’s registration fee. This funding will be acknowledged during the Course.

Shipping Information: Freight should arrive at the Four Seasons Hotel on or after Monday, August 19, 2019, or it will not be accepted. Please see the enclosed sheet on freight handling fees, logistics, and shipping information.

Hotel Venue: The course venue is the Four Seasons Hotel (200 International Drive) in the heart of Baltimore’s Inner Harbor. The chic hotel is located 20 minutes from Baltimore-Washington International Airport (BWI) and 90 minutes from Washington Dulles International Airport (IAD). The discounted per-room fee for course attendees is $224 per night (plus tax). The room rate includes complimentary basic guestroom Internet connectivity. It is highly recommended that you make your reservations early. The discounted rate is offered on a space-available basis through Wednesday, July 31, 2019 (5 p.m. Eastern Standard Time). To make a reservation, visit the Four Seasons Hotel website, select the dates of your reservation, click on "Deformity Course Corporate," and then enter code “CI0819DCC”. You can also call 1.410.576.5800, ask for in-house reservations, and mention the “Deformity Course Corporate” to receive the discounted group rate.

Please make hotel reservations for only those individuals who will definitely be attending the Course. In prior years, we have had a high cancellation rate in August from industry, which prevents participants who want to stay at this hotel from being able to make a reservation.

CME Requirements: All parties shall operate in accordance with the requirements set forth in the ACCME Essential Areas and Elements and the Standards for Commercial Support for live CME activities awarding AMA PRA Category 1 Credit(s)™.

Parking: We have arranged for a discounted daytime valet parking rate of $10/day for exhibitors who plan to drive daily to the Four Seasons Hotel. This rate does not apply to self-park during the day or to overnight parking (currently $40 for valet and $23 for self-park per night).
Corporate Supporters:
LifeBridge Health Letter of Agreement
Regarding Terms, Conditions and Purposes of an Educational Grant
between LifeBridge Health and ________________________________
(Name of Company)

Title of CME Activity: 29th Annual Baltimore Limb Deformity Courses

Program Co-Planners: John Herzenberg, MD; Shawn Standard, MD; Janet Conway, MD; Noman Siddiqui, DPM; Christopher Bibbo, DO, and Michael Assayag, MD

Location: Four Seasons Hotel, Baltimore, Maryland Date(s): August 21 – August 25, 2019

Commercial Supporter: ________________________________________________________________

Address: ____________________________________________________________________________

City, State, Zip: _______________________________________________________________________

Telephone: __________________ Fax: ______________ Contact Person: ___________________

The above-named company wishes to provide support for the named continuing medical education activity by means of an unrestricted educational grant for the support of CME in the amount of $ ____________________.

CONDITIONS

1. **Statement of Purpose:** This CME program is for scientific and educational purposes only and will not promote the company’s products, directly or indirectly.

2. **Control of Content & Selection of Presenters & Moderators:** The Program Planner is ultimately responsible for control of content and selection of presenters and moderators.

3. **Disclosure of Financial Relationships:** The Program Planner will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the faculty and any commercial entity which might materially affect the CME presentation.

4. **Involvement in content:** There will be no “scripting,” emphasis, or influence on content by the Company or its agents.

5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or be required as part of the educational activity. No product advertisements will be permitted in the program room.

6. **Objectivity & Balance:** The Program Planner will make every effort to ensure that data regarding the Company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.

7. **Limitation on Data:** The Program Planner will ensure, to the extent possible, disclosure of limitations on data, e.g., on-going research, interim analyses, preliminary data, or unsupported opinion.

8. **Discussion of Unproved Uses:** The Program Planner will require that presenters disclose when a product is not approved in the United States for the use under discussion.

9. **Opportunities for Debate:** The Program Planner will ensure opportunities for questioning or scientific debate.
10. **Independence of the Program Planner in the use of Contributed Funds:**

   a. Funds should be in the form of an educational grant **made payable to:**

      Baltimore Limb Deformity Course, Sinai Hospital of Baltimore, Inc._________________

      RIAO, 2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA______________.

      TAX #: 52-0486540

   b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of **LifeBridge Health**.

   c. No other funds from the Company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

11. **In the case of cancellation** after this agreement has been ratified, the Corporate Supporter agrees to pay 100% of the agreed unrestricted educational grant within 30 days of the date of cancellation should payment not have already been made. If the grant has already been paid, it is considered non-refundable and non-transferable.

**The Commercial Supporter agrees to** abide by all requirements of the *Standards for Commercial Support of Continuing Medical Education* as found at the following web site:


**The Program Planner for LifeBridge Health agrees to:**

1) Abide by the *Standards for Commercial Support of Continuing Medical Education*;

2) Acknowledge educational support from the commercial company in program brochures and other program materials; and,

3) Upon request, furnish the Company supporter with a report concerning the expenditure of the funds provided.

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**Agreed**

Commercial Company Representative (Name): __________________________________________

Signature: ___________________________ Date: ______________________

Program Planner (Physician): John Herzenberg, MD __________________________

Signature: ___________________________ Date: ______________________
Corporate Supporters: Badge Form

Sponsor badges will provide your employees access to the public areas but not into the meeting room(s) and plenary sessions. Additional sponsor badges are available for a fee of $250 each.

Platinum Level supporters will be allowed to designate one employee to receive a participant badge. This individual will receive all the educational materials (workbook, textbooks, handouts) and will be allowed to attend the lecture-based sessions of the three-day Baltimore Limb Deformity Course. If other corporate supporters wish to attend the lectures, they need to register as Course participants by visiting www.DeformityCourse.com.

Corporate employees who have “Participant” badges may attend the lectures but are expected to refrain from attending the lab sessions. We hope that you will support us in our efforts to maintain an environment of transparency, respect, and good will.

*Please note that the names and e-mail addresses that are listed below will appear in the Course’s app under the Attendee Directory Section.*

Company Name: ________________________________________

Sponsorship Level:
- ☐ Platinum Level: Six sponsor badges and one participant badge
- ☐ Gold Level: Four sponsor badges
- ☐ Silver Level: Three sponsor badges
- ☐ Bronze Level: Two sponsor badges

Platinum Sponsor Participant Badge:

Name of Employee: ________________________________________
E-mail: ________________________________________________

Sponsor Badges:

Name of Representative #1: ________________________________________
E-mail: ________________________________________________
Name of Representative #2: ________________________________________
E-mail: ________________________________________________
Name of Representative #3: ________________________________________
E-mail: ________________________________________________
Name of Representative #4: ________________________________________
E-mail: ________________________________________________
Name of Representative #5: ________________________________________
E-mail: ________________________________________________
Name of Representative #6: ________________________________________
E-mail: ________________________________________________

Return this completed form by July 26th to: Madeline Bacon, Sinai Hospital of Baltimore
2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA; E-mail: mbacon@lifebridgehealth.org;
Tel: 1.410.601.9798; Fax: 1.410.601.0585
Invitation to Exhibit

29th ANNUAL BALTIMORE LIMB DEFORMITY COURSE
Thursday, August 22 – Saturday, August 24, 2019

Four Seasons Hotel
200 International Drive, Baltimore, Maryland 21202 USA
1.410.576.5800

We are pleased to announce the availability of exhibitor space for the 29th Annual Baltimore Limb Deformity Course (BLDC). The fee for exhibiting is $5,000 (or $2,500 for first-time exhibitors) for this three-day course (August 22–24, 2019). Exhibitor tables are also available for the Ponseti @ 20 Pre-Course (August 21, 2019) for a fee of $1,000. Each exhibitor will receive one 6-ft. x 30-in. skirted display table with two chairs. An additional table may be purchased for $1,000 (if space is available).

If you wish to accept this invitation, please return the enclosed forms (Confirmation Form, Exhibitor Agreement, and Exhibitor Badge Form) along with your payment by Friday, July 26, 2019, to reserve your spot for this live educational activity.

Exhibitor Badges and Opening Reception: All exhibitors will be given two complimentary exhibitor badges. Additional badges may be purchased. These badges will provide your employees access to the public areas but not into the meeting room(s) and plenary sessions. Employees who wish to attend lectures need to register as “Participants” of the Baltimore Limb Deformity Course by visiting www.DeformityCourse.com. Corporate employees with participant badges are expected to refrain from attending the lab sessions. We hope that you will support us in our efforts to maintain an environment of transparency, respect, and good will. Each exhibiting company will also receive one ticket to the opening reception. Additional tickets may be available for purchase.

Shipping Information: Freight should arrive at the Four Seasons Hotel on or after Monday, August 19, 2019, or it will not be accepted. Please see the enclosed sheet on freight handling fees, logistics, and shipping information.

Hotel Venue: The course venue is the Four Seasons Hotel (200 International Drive) in the heart of Baltimore’s Inner Harbor. The chic hotel is located 20 minutes from Baltimore-Washington International Airport (BWI) and 90 minutes from Washington Dulles International Airport (IAD). The discounted per-room fee for course attendees is $224 per night (plus tax). The room rate includes complimentary basic guestroom Internet connectivity. It is highly recommended that you make your reservations early. The discounted rate is offered on a space-available basis through Wednesday, July 31, 2019 (5 p.m. Eastern Standard Time). To make a reservation, visit the Four Seasons Hotel website, select the dates of your reservation, click on “Deformity Course Corporate,” and then enter code “CI0819DCC”. You can also call 1.410.576.5800, ask for in-house reservations, and mention the “Deformity Course Corporate” to receive the discounted group rate.

Please make hotel reservations for only those individuals who will definitely be attending the Course. In prior years, we have had a high cancellation rate in August from industry, which prevents participants who want to stay at this site hotel from being able to make a reservation.

CME Requirements: All parties shall operate in accordance with the requirements set forth in the ACCME Essential Areas and Elements and the Standards for Commercial Support for live CME activities awarding AMA PRA Category 1 Credit(s)™.

Parking: We have arranged for a discounted daytime valet parking rate of $10/day for exhibitors who plan to drive daily to the Four Seasons Hotel. This rate does not apply to self-park during the day or to overnight parking (currently $40 for valet and $23 for self-park per night).

Attendee Contest: To encourage our participants to visit our exhibitor tables, we will once again offer an incentive to encourage exhibitor/registrant interaction.

Should you have any questions or concerns, please feel free to contact:
Madeline Bacon, Manager of Academic and Research Programs
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
mbacon@lifebridgehealth.org
Corporate Exhibitors: Badge Form

Each exhibitor is allowed two complimentary exhibitor badges. These badges will provide your employees access to the public areas but not into the meeting room(s) and plenary sessions. Additional exhibitor badges are available for a fee of $250 each.

Employees who wish to attend lectures must register as participants in the Baltimore Limb Deformity Course by visiting www.DeformityCourse.com. Corporate employees with “Participant” badges may attend the lectures but are expected to refrain from attending the lab sessions. We hope that you will support us in our efforts to maintain an environment of transparency, respect, and good will.

Please note that the names and e-mail addresses that are listed below will appear in the Course’s app under the Attendee Directory Section.

Company Name: ___________________________________________

Complimentary Exhibitor Badges:

Name of Representative #1: ________________________________________________________
E-mail: _________________________________________________________________________

Name of Representative #2: ________________________________________________________
E-mail: _________________________________________________________________________

If you purchased additional Exhibitor Badges ($250 each), please provide the information below:

Name of Representative #3: ________________________________________________________
E-mail: _________________________________________________________________________

Name of Representative #4: ________________________________________________________
E-mail: _________________________________________________________________________

Name of Representative #5: ________________________________________________________
E-mail: _________________________________________________________________________

Exhibit booth positioning: Would you prefer not to be positioned next to any specific companies?
________________________________________________________________________________
________________________________________________________________________________

Return this completed form by July 26th to: Madeline Bacon, Sinai Hospital of Baltimore
2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA; E-mail: mbacon@lifebridgehealth.org
Tel: 1.410.601.9798; Fax: 1.410.601.0585
Exhibitor Agreement with LifeBridge Health

Exhibitor: ______________________ has paid a fee of $____________________ in Company Name order to present promotional materials at the following live, educational activity LifeBridge Event: 29th Annual Baltimore Limb Deformity Courses.

Exhibitor must abide by the following guidelines:

1) No promotional activities will be permitted in the same room or be required as part of the educational activity. No product advertisements will be permitted in the program room.

2) The Exhibitor will not play any additional role in the planning or implementation of the educational event.

3) Arrangements for commercial exhibits are not a condition of the provisions of commercial support for this CME activity.

4) If __________________________ must cancel their participation in the Course after the agreement has been Company Name fully executed and payment made, the full fee will be retained by the Course. If the full fee has not yet been paid, the company will be billed and full payment is expected.

5) All Displays must conform to the applicable building code and fire ordinances and should be free standing without attachments to walls, ceilings or floors. For greater certainty and without limitations to the foregoing, all applicable flame proofing regulations shall be complied with.

6) Neither Sinai Hospital of Baltimore nor the Hotel assumes any responsibility whatsoever for Displays brought into the Hotel by exhibitor or any third party connection with the Event, including, but not limited to, claims of personal injury or property damage related to Displays.

7) All Displays and equipment must enter and exit the Hotel through the receiving entrance and/or security office located at Aliceanna Street. Delivery and pick-up times must be coordinated with the Hotel in advance.

8) The Exhibitor acknowledges that security is not provided in the exhibit area and that the exhibit area is an unsecure location. Exhibitors are encouraged to keep all valuables in a secure location after exhibitor hours. The Exhibitor agrees that neither the Deformity Course nor the Four Seasons is financially liable for theft, damage, loss, or disappearance of property of any kind. If the Exhibitor would like to make after hour security arrangements, please contact Madeline Bacon by July 26, 2019.

9) Provider and Exhibitor agree to protect, indemnify, defend, and hold harmless the Party and its respective employees, partners, and agents against all claims or liability, including, but not limited to injuries and damages/loss to persons or property, government charges and attorney’s fees arising out of or caused by the Party’s gross negligence or willful misconduct of the Party or its agents or employees. The indemnified Party shall provide the indemnifying Party with prompt notice of any claim and shall provide reasonable assistance with such claim. This indemnification shall not waive any statutory limitations of liability available to either Party nor shall it waive any defenses either Party may have with respect to any claim.

10) In order to maintain an air of transparency and good will, all company personnel must be identified with an “Exhibitor” badge.

______________________________ Date
Program Planner Signature

______________________________ Date
Exhibitor Signature

Exhibitor’s Federal Tax ID #: _____________________
Corporate Supporter and Exhibitor Confirmation Form

Company: _________________________________________________________________

Contact Name: ________________________________________________________________________

Address: _____________________________________________________________________________

City, State, Zip: ________________________________________________________________________

Phone: __________________ Fax: ___________________ E-mail: _____________________________

Supporters:
Please submit the Letter of Agreement, company description (<75 words) for course participants, Supporter Badge Form, and payment by July 26, 2019.

 Platinum Level $50,000 and Above $ ______________
 Gold Level $30,000 to $49,999 $ ______________
 Silver Level $15,000 to $29,999 $ ______________
 Bronze Level $5,000 to $14,999 $ ______________
 Scholarship Sponsorship $1,275 $ ______________

Exhibitors:
Please submit the Exhibitor Agreement, company description (<75 words) for course participants, Exhibitor Badge Form, and payment by July 26, 2019.

 Exhibitor Table: Ponseti @ 20 Pre-Course $1,000 $ ______________
 Exhibitor Table: Three-Day BLDC $5,000 ($2,500 for first timers) $ ______________
 Additional Exhibitor Table Three-Day BLDC $1,000 (Additional tables only available if space permits.) $ ______________

Additional Options
 Additional Exhibitor or Sponsor Badges $250 x ___ $ ______________

Total Fees: $ ______________

If you will require audio-visual equipment, please provide the information below:

Note: Confirmation of availability, pricing, and payment information will be provided upon receipt of order.

___________________________________________________________

I will require _____ number of electrical outlets (fee may apply).

PAYMENT METHOD
 Check enclosed (US dollars drawn on a US bank made payable to “Baltimore Limb Deformity Course”)
 Visa  MasterCard  AMEX

Card No.: ___________________________ Exp. Date: _________________ Security Code: ___________

Name on Card: ____________________________________________________________________________

Signature of Cardholder: ____________________________ Total Amount to Charge $ ______________

PLEASE COMPLETE AND RETURN THIS FORM BY JULY 26th TO:
Madeline Bacon, Manager of Academic and Research Programs
Rubin Institute for Advanced Orthopedics, Sinai Hospital of Baltimore
2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA
mbacon@lifebridgehealth.org
Tel: 1.410.601.9798 / Fax: 1.410.601.0585
Shipping Information, Logistics, and Handling/Storage Fees

<table>
<thead>
<tr>
<th>Four Seasons Inbound and Outbound Handling/Storage Fees*</th>
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<tbody>
<tr>
<td>Security fee per day, per item after first 3 days plus (+) handling fee</td>
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<tr>
<td>Letter over 1 oz.</td>
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<td>1 - 10 lbs.</td>
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<td>76 - 100 lbs.</td>
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<td>Pallets</td>
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*We have negotiated a 50% discount in the above current freight handling fees for this meeting.

Please note that staff gratuities are not included, but tips are very much appreciated for excellent service.

If you are shipping freight to the Four Seasons Baltimore Hotel:

- **Freight should arrive on or after Monday, August 19, 2019,** or it will not be accepted.

- Clearly print "Baltimore Limb Deformity Course" and the box number (i.e., “Box 1 of 5”) on all boxes. Please keep a record of the contents of each box.

- Send freight to:
  - Purchasing Department
  - Four Seasons Hotel
  - 200 International Drive
  - Baltimore, Maryland 21202 USA
  - Purchasing Department Phone Number: 1.410.223.1335

- Package room management reserves the right to refuse acceptance for boxes that are damaged during shipping, unsafe, or too large.

- Please work directly with the hotel staff concerning charges and payment. The Four Seasons’ rates may change without notice.