



Credit Card Authorization Form
 (Accounting Department: Apply to 1000/99/256050)

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

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

Fax: +1.410.601.0585 -or- Email: mbacon@lifebridgehealth.org
 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: _____

Billing Address: _____

Signature of Cardholder: _____

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

Rubin Institute for Advanced Orthopedics, Sinai Hospital of Baltimore
 2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA
 tel: +1.410.601.9798 fax: +1.410.601.0585
www.DeformityCourse.com