# 2024 Registration

### Registration closes August 7, 2024.

the three-day Course. Early registration is recommended as courses may sell out quickly.

Course Fees		
Baltimore Limb Deformity Cour		
Thursday, August 22 - Saturday, August		
U.S. Physician/Podiatrist		\$1,745
☐ Non-U.S. Physician		\$1,545
☐ Resident/Fellow/Allied Health*		\$1,325
Some afternoon hands-on lab groups recommended. Placement is based on in full. Those who do not select a lab g group. NOTE: All lecture-based breakfoot/ankle issues are available to all p.	lab availability when registration fe- roup will be assigned to the Adult O out sessions that focus on pediatric,	es are paic rthopedic adult, and
☐ Adult Orthopedics ☐ Pediatric	Orthopedics	
Multiple Course Discount	-\$50\$	
☐ Deduct \$50 if you are a paid regi Deformity Course <i>plus</i> one or mo	-	
Thursday Welcome Dinner One Reception ticket is included in your Additional tickets may be available for p		urse.
<b>Dietary Restriction:</b> □ Vegetaria	n □ Kosher □ Gluten-free □ Vega	ın
	Subtotal = \$	
Pre- and Post-Courses	5	
Because the Pre-Courses are offered simu payment is not received, your name will be Course selling out before fees are fully po	e placed on a waitlist risking the possible	
Wednesday, August 21, 2024  □ Pre-Course   Management of Defects: A to Z	Complex Segmental Bone	\$500
□ Pre-Course   Cadaver Lab: Cor Hip/Pelvis/Femu	•	\$1,375
★ Select size of Bone Ninja scrubs (incl Small  Medium  Large  Large	luded in registration fee; note: scrubs ru Extra Large 🔲 Extra Extra Large	n large):
□ Pre-Course   Basics of Externation  Foot and Ankle	al Fixation in the	\$500
Sunday, August 25, 2024		
□ Post-Course   Cadaver Lab: Di	saster Response	
☐ Physician/Podiatrist		\$500
☐ Resident/Fellow/Allied Health*		\$450
<ul><li>★ Select size of Bone Ninja scrubs (incl</li><li>□ Small</li><li>□ Medium</li><li>□ Large</li><li>□</li></ul>	luded in registration fee; note: scrubs ru Extra Large 🔲 Extra Extra Large	n large):
	Pre-/Post-Course Subtotal = \$	
Late Fee A \$100 late fee will automatically appl registrations of the Course after Augu		
registrations of the course after Augu	,	
	TOTAL DUE = \$	
*Residents and fellows must provide director to qualify for the reduced f the Physician/Podiatrist rate will be	ee. If the letter is not received with assessed.	
How Did You Hear Ab		
AAOS Annual Meeting	☐ IPOS Meeting	
<ul><li>□ ASAMI Meeting</li><li>□ Controversies in Pediatric</li></ul>	<ul><li>□ LLRS Meeting</li><li>□ POSNA Meeting</li></ul>	
Limb Reconstruction Meeting	□ Colleagues	
□ EPOS Meeting	☐ Course Email Notification	
☐ Essentials of Lower Extremity	☐ Course Mailings	

☐ Journal of Limb Lengthening

& Reconstruction Ad

Website: ☐ Orthobullets ☐ OrthoMedia ☐ VuMedi ☐ Other (please specify):

Reconstruction Course (Dallas)

☐ Sales Representative (please specify):

☐ Other Meeting/Source (please specify):

□ ILLRS Meeting

## **Payment Methods**

You are <u>not</u> considered a confirmed registrant until the registration fees are paid in full. Your name will be placed on a waitlist until payment has been obtained. All registrations with unpaid balances two weeks after registration will be cancelled automatically and re-registration will be required. Courses may sell out quickly.

We accept Visa, MasterCard, American Express, checks, and bank drafts payable in U.S. funds. I wish to pay by: ☐ credit card ☐ check ☐ bank draft

- ★ To pay by credit card, see below or use online, mail-in, or fax registration.
  - **★** For online registration, please visit our website: DeformityCourse.com.
  - ★ For fax registration, please fax this form to +1.410.601.0585.
- ★ To pay by check, make checks payable in U.S. funds to

"Baltimore Limb Deformity Course/Sinai" and mail to:

Wendy R. Robinson, MEd

Rubin Institute for Advanced Orthopedics

Sinai Hospital of Baltimore, Inc. 2401 West Belvedere Avenue

Schoeneman Bldg., Suite 102

Baltimore, Maryland 21215 USA

★ To pay by bank draft, contact Wendy R. Robinson, MEd to obtain instructions. (Email: wrrobins@lifebridgehealth.org or tel: +1.410.601.9798)

For mail-in or fax registration, PLEAS (Note: Email address is required;	
Credit Card Type: ☐ Visa ☐ Maste	erCard 🗖 American Express
Credit Card Number:	
Security Code:	Expiration Date:
Name of Cardholder:	
Signature of Cardholder:	
Cardholder's Email (required):	
Full Name of Registrant:	
Professional Degree (e.g., MD):	
Address:	
City:	State/Province:
Zip/Postal Code:	Country:
Phone Number:	
, ,	U.S., please include country and city codes
Registrant's Email (required):	

# **Cancellation Policy**

A refund (less a \$50 administrative fee) will be extended for email cancellations sent to LBH\_BLDC@lifebridgehealth.org dated on or before July 31, 2024. No refunds will be made for cancellations that are dated August 1, 2024 or after, and no refunds will be made in response to verbal cancellations at any time.

If an unforeseen circumstance/force majeure occurs and we must cancel the courses, we will provide our participants with as much advance notice as possible and refund 100% of your registration payment.

#### **Photo Policy**

We will be taking photographs at this event. LifeBridge Health may publish photographs of you for educational, promotional, or advertising purposes. By enrolling in any of the courses provided by LifeBridge Health, you are agreeing to the use of your image for these purposes.

#### **Use of Your Personal Information**

By registering for this event, you authorize us to include your name and address in an attendee list we may provide to our corporate partners and exhibitors in advance of and/or following the Course. In addition, you agree to allow us to send you periodic email announcements concerning future courses and our educational app updates. To opt out, please email LBH BLDC@lifebridgehealth.org. It may take a few days for you to receive written confirmation that your name has been removed from both the attendee list and/or the email notification list.