



**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: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

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](http://www.deformitycourse.com)