Course Materials Order Form • Baltimore Limb Deformity Course

Updated 10/1/18. Limited quantities are available.

- ❑ **Knee Contractures DVD (2006)** _____ x $50
- ❑ **Bone Defects DVD (2007)** _____ x $50
- ❑ **Hip Deformity DVD (2007)** _____ x $50
- ❑ **Achondroplasia DVD (2008)** _____ x $50
- ❑ **Foot and Ankle DVD (2009)** _____ x $50
- ❑ **Advanced Ponseti DVD (2010)** _____ x $50
- ❑ **Pitfalls in Limb Lengthening DVD (2010)** _____ x $50
- ❑ **Surgical Videos from Cadaver Lab on USB (2014)** _____ x $50
- ❑ **Surgical Videos from Cadaver Lab on USB (2017)** _____ x $95
- ❑ **Customized Dynamic Splints Videos on USB (2018)** _____ x $100
- ❑ **Principles of Deformity Textbook + Workbook** _____ x $650
- ❑ **Art of Limb Alignment Textbook** _____ x $150
- ❑ **Art of Limb Alignment: Taylor Spatial Frame Textbook** _____ x $175
- ❑ **Baltimore Limb Deformity Course Workbook (supplies are extremely limited)** _____ x $100
- ❑ **Welcome Reception** _____ x $100
- ❑ **Bone Ninja Scrubs** _____ x $40
- ❑ **Bone Ninja Vest (limited sizes available)** _____ x $45
- ❑ **Mug** _____ x $15
- ❑ **Goniometer** _____ x $5
- ❑ **Other** _____ _____ x $_____

Name: _____ **E-mail:** _____ **Phone:** _____
Include Country Code

Shipping Address: _____

_____

_____
City State/Province Zip/Postal Code Country

Credit card information is required for shipping; the cost of shipping and customs (if applicable) will be charged directly to the recipient by the express shipping company.

Card Type: ❑ MasterCard/Access/EuroCard ❑ Visa/Barclay ❑ American Express

Card Number: | | | | | | | | | | | | | | | | **Total Price:** | | | | . | |

CID Code: | | | | **Valid Until:** | | / | |

Billing Address: _____
(if different from shipping address) _____

_____
City State/Province Zip/Postal Code Country

Signature of Cardholder: _____

Please fax or mail this form to Madeline Bacon to place your order.

Madeline Bacon
Rubin Institute for Advanced Orthopedics
Sinai Hospital of Baltimore
2401 West Belvedere Avenue
Baltimore, Maryland 21215 USA
E-mail: mbacon@lifebridgehealth.org
Fax: 1.410.601.0585

For Office Use Only:

❑ Credit Card ❑ Check: #_____ ❑ Cash

Order Date: _____

Taken By: _____

Full Payment Received On: _____

❑ DVD(s) shipped: _____