



# POMA DISTRICT VIII

## 31st Annual Educational Winter Seminar

January 25-28, 2018  
Nemacolin Woodlands • Farmington, PA

### 20 CATEGORY 1A AOA CME CREDITS ANTICIPATED

**Includes 4 patient safety credits and 2 CPSL credits**

*Earn additional Category 1A credits for attending workshops (must sign in at the workshops)*

#### REGISTRATION PRICES

	<u>10/1/17 - 12/20/2017</u>	<u>After 12/20/2017</u>
<b>POMA Members and Members of Respective State Society/Association</b> <i>(including MD and DPMs)</i>	\$425.00	\$500.00
<b>Re-instated Members of POMA</b> <i>(with 2017-2018 dues)</i>	\$800.00	\$875.00
<b>New Members of POMA</b> <i>(with January 1, 2018 - June 30, 2018 dues)</i>	\$615.00	\$690.00
<b>Non-members of POMA and Any Other Respective State Society/Assoc.</b>	\$800.00	\$875.00
<b>Allied Health Professionals</b> <i>(PA, CRNP, CRNA, etc.)</i>	\$425.00	\$500.00

**Cancellation Policy:** A \$95 processing fee will be deducted on cancellations prior to December 31, 2017. NO REFUNDS will be given AFTER December 31, 2017.

**Seminar registration fee includes breakfasts, Thursday snacks, Friday District VIII-sponsored reception. Saturday business luncheon is for District VIII members only.**

#### HOTEL RESERVATIONS

Please make your hotel reservation by calling Nemacolin Woodlands at (800) 422-2736. A limited number of discounted rooms are available for seminar attendees and speakers only (\$189-\$219+taxes) – mention that you are with POMA District VIII.

#### REGISTRATION FORM

To register for the winter seminar, complete the form below and return to:  
**POMA, 1330 Eisenhower Blvd, Harrisburg, PA 17111-2395; or fax (717) 939-7255**

To register online, visit <http://bit.ly/POMAD8Registration2018>

For more information, contact Deb Cargill-Roan at the POMA Central Office:  
(717) 939-9318, ext. 170; e-mail [dcargillroan@poma.org](mailto:dcargillroan@poma.org); visit [www.poma.org](http://www.poma.org)

**Register Early!!** The first 100 paid *physician* registrants will be entered in a drawing for the chance to win a 3 night stay at Nemacolin Woodlands.

#### REGISTRATION INFORMATION:

Name \_\_\_\_\_ AOA number \_\_\_\_\_  
Office address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

#### PAYMENT METHOD:

I would like to pay by:

- Check made payable to "POMA DISTRICT VIII"  
 Visa       Mastercard       American Express       Discover  
 No. \_\_\_\_\_ Exp.: \_\_\_\_\_ CSC: \_\_\_\_\_

Billing name if different than above: \_\_\_\_\_

Billing address if different than above: \_\_\_\_\_

Registration fee total: \_\_\_\_\_

#### For POMA Office Use Only:

Check # \_\_\_\_\_  
Amount \_\_\_\_\_

OSTEOPATHIC STUDENTS, INTERNS AND RESIDENTS are welcome to attend. No credits or attendance confirmation will be granted.