



Pennsylvania Osteopathic Medical Association

108th Annual Clinical Assembly Registration Form

May 4-7, 2016 • Radisson Valley Forge & Valley Forge Event Center, King of Prussia, PA



PART 1 — Registration information:

Name _____ Guest name _____

Office address _____

City _____ State _____ Zip _____ Telephone (____) _____

E-mail address: _____ COM & grad. year _____ AOA number _____

PART 2 — Please check the proper fee box:*

	before 4/1	4/1-5/2	On-site
<input type="checkbox"/> POMA Members and Members of Respective State Society/Association (M.D., D.P.M.)	\$445	\$495	\$545
<input type="checkbox"/> Re-instated Members of POMA (includes 2015-2016 dues)	\$820	\$870	\$920
<input type="checkbox"/> New Members of POMA (includes 2016-2017 dues)	\$820	\$870	\$920
<input type="checkbox"/> D.O., M.D., D.P.M., Allied Health Prof. (non-member of respective state society/association)	\$820	\$870	\$920
<input type="checkbox"/> Allied Health Professionals (P.A., C.R.N.P., C.R.N.A., etc.) Members of Respective Society/Assoc.	\$445	\$495	\$545

Your registration fee includes: **Thursday** — Breakfast; one ticket to Awards Luncheon. **Friday** — Breakfast; one voucher for POFPS Presidential Installation Luncheon; two vouchers for Incoming President's Reception and State Banquet. **Saturday** — Breakfast; luncheon for lecture attendees. **Note:** Breakfasts are held from 6:45-7:15 a.m. in the lecture room. (Ticket required for all meal functions.)

Practice Manager/Administrator (with registered physician - Name: _____) \$50 \$75 \$100

Your registration fee includes: **Saturday** — Breakfast; luncheon for lecture attendees. **Note:** Breakfast is held from 6:45-7:15 a.m. in the lecture room. (Ticket required for all meal functions.)

Osteopathic Resident — POMA Member \$0 \$0 \$0

Osteopathic Resident — POMA Non-member (includes 2015-2016 dues) \$50 \$50 \$50

Your registration includes: **Saturday** — Breakfast; luncheon for forum attendees. **Note:** This is a leadership forum for residents and does not qualify for CME credits.

PART 3 — Function attendance:

PLEASE complete this section — your input helps us to estimate function counts.

INCLUDED in registration fee:

Thursday Clinical Writing Contest Awards Luncheon	I will attend: _____	I will not attend luncheon: _____
Friday POFPS Presidential Installation Luncheon	I will attend: _____	I will not attend luncheon: _____
Friday POMA President's Reception & Banquet	I will attend: _____	I will not attend banquet: _____

EXTRA tickets:

Friday POMA President's Reception & Banquet Number needed: _____ @ \$100 each Total: _____

Please note that all registrations will be reviewed for accuracy and completeness by the POMA prior to approval.

PART 4 — Method of payment and amount enclosed:

I would like to pay by:

- Check made payable to POMA
- Visa Mastercard American Express Discover
- (No. _____ Exp.: _____ CSC: _____)

For POMA Office Use Only:

Check # _____

Amount _____

Auth. # _____

Registration fee total: _____ Extra ticket total: _____ TOTAL AMT. ENCLOSED: _____

A \$50 processing fee will be deducted on cancellations received before April 6, 2016;
 a \$75 processing fee will be deducted on cancellations between April 6-29, 2016. NO REFUNDS will be given AFTER April 29!
 A grievance policy is included in the Clinical Assembly program booklet.

Mail this registration form to:

POMA • 1330 Eisenhower Blvd.,
 Suite 100, Harrisburg, PA 17111-2319
 or fax (717) 939-7255

- * RETIRED PHYSICIANS REQUIRING CREDITS must pay the registration fee.
- * Registration **FREE** for retired physicians. Does **not** include meals, functions or CME credits.
- * **OSTEOPATHIC MEDICAL STUDENTS AND INTERNS/PGY-1** are welcome to attend. Register on-site, no fee required. No meals or functions included. No credits or attendance confirmation will be granted.