



PENNSYLVANIA OSTEOPATHIC FAMILY PHYSICIANS SOCIETY
44th Annual CME Symposium Registration Form
August 9-11, 2019 • Hershey Lodge, Hershey, PA

Mail or fax completed registration form to POFPS:

Mail: 1330 Eisenhower Boulevard, Harrisburg, PA 17111
 Fax: (717) 939-7255 • Phone: (717) 939-9318 ext. 170

OR

Register online at

<http://bit.ly/POFPSReg2019>

REGISTRATION INFORMATION

Name _____ AOA # _____
 Office Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail Address _____
 License Number⁺ _____ DOB⁺ _____ Last 4 SSN⁺ _____
*Required for Child Abuse Lecture
 Specialty _____ Osteopathic Boarded ___ Allopathic Boarded ___ Dual Boarded ___ N/A
 Years in Practice: ___ Student/Resident ___ 0-5 ___ 6-10 ___ 11-20 ___ 21-30+ College/Grad. Year _____
 Practice Type: ___ Independent ___ Employed-Office based ___ Urgent Care ___ Academic ___ Occ Med ___ Other

REGISTRATION CATEGORY

	MAY 20 - AUG 6	ON-SITE
PHYSICIAN		
<input type="checkbox"/> POFPS Member	\$0	\$100
<input type="checkbox"/> POFPS Life Member – Receiving Credits	\$110	\$150
<input type="checkbox"/> Non-member of POFPS (includes 2019 dues)	\$150	\$200
<input type="checkbox"/> Non-member of POFPS	\$200	\$300
RESIDENT/STUDENT		
<input type="checkbox"/> Osteopathic Resident or Osteopathic Student	\$0	\$0
OTHER		
<input type="checkbox"/> Allied Health Professional	\$150	\$200
<input type="checkbox"/> Office Manager/Administrator	\$50	\$75

OPTIONAL JOINT INJECTION WORKSHOP REGISTRATION

Yes, I would like to register for a Joint Injection Workshop..... \$150
 Friday, August 9 – 12:00 pm - 2:00 pm (limited to first 20 registrants)

FUNCTION ATTENDANCE (INCLUDED WITH REGISTRATION)

DO YOU PLAN TO ATTEND THE:	I PLAN TO ATTEND	I DO NOT PLAN TO ATTEND
Friday Product Theater Dinner	<input type="checkbox"/>	<input type="checkbox"/>
Saturday Annual Membership Luncheon & Business Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Saturday POFPS 60th Anniversary Party	<input type="checkbox"/>	<input type="checkbox"/>
____ Number of persons 21+ ____ Number of persons under 21		

PAYMENT METHOD

CHOOSE ONE:

- Check made payable to "POFPS"
 Credit card
 Visa Mastercard American Express Discover

No. _____ Exp.: _____ CVC: _____

Billing name if different than above: _____

Billing address if different than above: _____

REGISTRATION FEE TOTAL: _____

For POFPS Office Use Only:

Check # _____

Amount _____

QUESTIONS? Contact the POFPS at (717) 939-9318 ext. 170 or e-mail dcargillroan@poma.org

A grievance policy will be included in the POFPS CME Symposium program book.