



POMA District VIII 40th Annual Educational Winter Seminar

January 21-24, 2027

In-Person at Seven Springs Mountain Resort, Seven Springs, PA • Virtual Available
Earn up to 24 Category 1-A AOA CME Credits and 24 AMA PRA Category 1 Credits™

Mail or fax completed registration form to POMA:

Mail: 1330 Eisenhower Boulevard, Harrisburg, PA 17111

Fax: (717) 939-7255 • Phone: (717) 939-9318 ext. 170

OR

Register online at:

www.poma.org/pomaD82027

REGISTRANT INFORMATION

Name _____ AOA # _____ Guest Name(s) _____

Office Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone _____

Specialty(s) _____ Practice Type _____

Board Certified? ☐ Yes ☐ No If yes, through: ☐ AOA ☐ ABMS ☐ Dual

Military Service? ☐ No ☐ Yes If yes: Branch _____ Current Status _____

ATTENDANCE OPTION

Make your hotel reservation by calling Seven Springs at (855) 947-0438 and provide registration code **B7SPOMA7**. A limited number of discounted rooms are available for registered seminar attendees and speakers only.

POMA District VIII reserves the right to inform Seven Springs to charge the going room rate for anyone not registered and attending in-person. Registrations must be received within two weeks of reserving a room to receive the discounted rate.

Attend on-site

☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Remote virtual participation

☐ Yes ☐ No

REGISTRATION TYPE

Active Member of POMA or Osteopathic State Society

\$425

After 12/31/2026

\$525

New or Reinstated Member of POMA (with 2027 dues)

\$875

\$975

Associate Members of POMA

\$425

\$525

DO/MD Non-members of POMA

\$950

\$1,150

Allied Health Professionals (PA, RN, CRNP, etc.)

\$950

\$1,150

On-Site Health/Non-Health Professionals Without Credits

\$250

\$350

Osteopathic Residents or Students - Complimentary Without Credits

FREE

FREE

PAYMENT METHOD

I would like to pay by:

☐ Check made payable to "POMA"

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Name on Card: _____

No.: _____ Exp.: _____ CVV _____

Billing address if different than above: _____

Registration fee total: _____

POMA Office Use Only

Check # _____

Amount _____

All registrations will be reviewed for accuracy and completeness prior to approval. A \$95 processing fee will be deducted on cancellations received BEFORE December 31, 2026. **NO REFUNDS WILL BE GIVEN AFTER DECEMBER 31, 2026.** A grievance policy will be included in the program materials.

CME Accreditation Statement

The Pennsylvania Osteopathic Medical Association (POMA) is accredited by the American Osteopathic Association (AOA) to provide osteopathic continuing medical education for physicians. POMA designates this live activity for a maximum of 24 Category 1-A AOA CME credits and will report CME and specialty credits to the AOA commensurate with the extent of the physician's participation in this activity.

POMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. POMA designates this live activity for a maximum of 24 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Attendees can earn 1 CME credit for every 60 minutes of educational time.

The POMA District VIII 39th Annual Educational Winter Seminar has been planned and implemented in accordance with the accreditation requirements and policies of the AOA Council on Continuing Medical Education and the ACCME.