

POMA 116TH ANNUAL CLINICAL ASSEMBLY





WWW.POMA.ORG/POMA24

POMA@POMA.ORG

717.939.9318

#POMA24

	MAIL: 1330 Eisenhower Blvd., Harrisburg, PA 17111 FAX: 717.939.7255 PHONE: 717.939.9318 ext. 170		OR	REGISTER ONLINE WWW.poma.org/POMA24				
	PART 1 — REGISTRANT INFORMATION							
	Name	AOA Number		Guest	Name			
	Office Address			 City				
	State Zip Phone ()	City						
	EmailCO	M/Grad. Year	DOB*		Last 4 SS	SN*		
	Board Certified? ☐ Yes ☐ No If yes, are you: ☐ Osteopathic Boarded ☐ Allopathic Boarded ☐ Dual Boarded							
	I grant permission to share my name, city, state, specialty with supporters of the 2024 Clinical Assembly							
	PART 2A — REGISTRATION TYPE				BEFORE 4/1	4/1-4/24	ON-SITE	
		opathic State Society —	Receiving CME	E Credits	-			
	☐ Life Member of POMA or Retired Physician — N				\$140	\$140	\$140	
	☐ Associate Members				\$710	\$810	\$910	
	☐ DO/MD Non-members				\$1340	\$1440	\$1540	
	☐ Osteopathic Resident Members				\$140	\$140	\$140	
	☐ Osteopathic Resident Non-members				\$190	\$190	\$190	
	☐ Osteopathic Students are Complimentary				\$0	\$0	\$0	
	☐ Allied Health Professionals (PA, RN, CRNP, etc]			\$590	\$690	\$790	
	☐ Practice Manager/Administrator (registered ph	ysician name:)	\$90	\$90	\$90	
	☐ One-day Registration, Member							
	☐ One-day Registration, Non-member				\$540/day	WH	FS	
	PART 2B — ATTENDANCE OPTION	COM/Grad. Year DOB* TREQUIRED FOR CHILLD ABUSE COURSE DO If yes, are you: Osteopathic Boarded Allopathic Boarded Dual Boarded Practice Type Practice Type Practice Type Do It yes, are you Osteopathic Boarded Practice Type Do It yes No Do It yes No						
	□ Live, In-person Participation at Kalahari from May 1-4, 2024 plus on-demand access May 10-June 10, 2024 □ Virtual, On-Demand Participation May 10-June 10, 2024.							
	PART 2C — POMA MEMBERSHIP RENEWAL	L - SAVE TIME & F	RENEW TOD	AY				
	☐ Membership Year: July 1, 2024 - June 30, 2025☐ POMA Foundation Donation (\$)	ACTIVE MEMBER: \$3 ☐ POMPAC Donatio	375 n (\$)		□ APOMA Do	nation (\$	_)	
PART 3A — FUNCTION ATTENDANCE (INCLUDED WITH REGISTRATION AND OPEN TO ALL REGISTRANTS)								
	DO YOU PLAN TO ATTEND THE:		I PLAN	TO ATTEND	I DO I	NOT PLAN TO A	TTEND	
	Wednesday Evening Welcome Reception Friday Evening President's Celebration Dietary Restrictions:							
	PART 3B — POMPAC RECEPTION (THURSD							
	POMPAC, POMA's political action committee, is hosti The cost is \$125 per person.	ng a reception Thursd	lay evening.				O ATTEND	
	PART 3C — CHILD CARE SERVICE (FRIDAY	EVENING)						
	POMA is offering child care services to registrants with children 1-13 years of age during the President's Celebration on Friday evening. Services will be available from 4-10 pm. A free-will offering to the POMA Foundation is being accepted for this service. Recommended donation amount is \$50 per child.							
	YES, I WILL USE CHILD CARE	NUMBER OF CHILDREI	N:	AGES OF	CHILDREN:			
	PART 4 — PAYMENT METHOD							
	CHOOSE ONE: ☐ Check made payable to "POMA"	☐ Mastercard _ Card No						
	IF BILLING INFO IS DIFFERENT FROM PART 1: Address				State _			
	REGISTRATION FEE TOTAL:	POMA OFF	FICE USE ONL	Y: CHECK	NO	_ AMOUNT _		

NOTE: All registrations will be reviewed for accuracy and completeness by POMA prior to approval. A \$100 processing fee will be deducted on cancellations before April 15, 2024. No refunds will be given AFTER April 15. A grievance policy is included in the program materials.