	17th Anr 7-10, 2025 • Ka						A CHE
Collaboration	15 - June 15, 2				01103	 ✓ AOA CME of ✓ AMA CME of ✓ Patient Saf ✓ Opioid Cree ✓ CPSL Cred 	eredits ety dits
WWW.POMA.ORG/POMA25	POMA@POMA.ORG	71	7.939.9318		#POMA25		@POMADOS
MAIL OR FAX COMPLETE MAIL: 1330 Eisenhower B FAX: 717.939.7255 PH	Blvd., Harrisburg, PA 17	7111	OR	ww		STER ONLIN a.org/l	POMA25
PART 1 — REGISTRANT	INFORMATION						
Name		A0A Number		Guest N	Jame		
Office Address State Zip	Phone (Licen	se #			······
Email	COM/	/Grad. Year	 D0B*		Last 4 S	5N*	······
Board Certified? □ Yes □ Specialty(s)	I No If yes, are y	ou: 🛛 Osteopathi	c Boarded	Allopath	nic Boarded	🗖 Dual Bo	barded
I grant permission to share m	ny name, city, state, specia	lty with supporters	of the 2025 Cli	inical Assem	nbly 🗖 Yes	5 🗆 No	
PART 2A — REGISTRAT					BEFORE 4/1	4/1-4/30	ON-SITE
		athia Ctata Casiatu	Dessiving CME		\$590	\$690	\$790
□ Active or Life Member of			- Receiving CME	Credits	\$590 \$140	\$690 \$140	
Life Member of POMA o	or Retired Physician — No	UME Credits					\$140 ¢010
Associate Members					\$710	\$810	\$910
DO/MD Non-members					\$1340	\$1440	\$1540 ¢1/0
Osteopathic Resident M					\$140	\$140	\$140
Osteopathic Resident N					\$190	\$190	\$190 ¢0
Osteopathic Students a					\$0 ¢500	\$0	\$0 ¢700
Allied Health Profession)	\$590	\$690	\$790
Practice Manager/Adm	Inistrator (registered phys	Iclan name:		J	\$90	\$90	\$90
PART 2B — ATTENDAN	CE OPTION						
 Live, In-person Particip Virtual, On-Demand Particip 				-		ō	
PART 2C — POMA MEM	BERSHIP - SAVE TIME	E & JOIN/RENE	W TODAY				
Membership Year: July 1,							
POMA Foundation Dona	ation (\$)	DOMPAC Donatio	on (\$)	0	APOMA Do	onation (\$	_)
PART 3A — FUNCTION	ATTENDANCE (INCLU	DED WITH REG	ISTRATION			REGISTRAN	
DO YOU PLAN TO ATTEND THE:				TO ATTEND		NOT PLAN TO	
Wednesday Evening Welco Friday Evening President's Dietary Restrictions:	S Celebration		C C				
PART 3B — POMPAC RE	CEPTION (THURSDA)	Y EVENING)					
POMPAC, POMA's political ac The cost is \$125 per person.			day evening.	I PLAN TO A	ATTEND II	DO NOT PLAN 1	O ATTEND
PART 4 — PAYMENT ME	THOD						
CHOOSE ONE: Check made payable to Name on Card	C						
IF BILLING INFO IS DIFFERENT F Address			City		State	7in	
REGISTRATION FEE TOT	IAL:	POMA OF	FICE USE ONLY	Y: CHECK N	0	_ 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, 2025. No refunds will be given AFTER April 15, 2025. A grievance policy is included in the program materials.