



PENNSYLVANIA OSTEOPATHIC FAMILY PHYSICIANS SOCIETY

43rd Annual CME Symposium Registration Form

August 3-5, 2018 • Hershey Lodge, Hershey, PA

20 CATEGORY 1A AOA CME CREDITS AVAILABLE, EDUCATION SPONSORED BY POMA

Mail or fax completed registration form to POFPS:

Mail: 1330 Eisenhower Boulevard, Harrisburg, PA 17111-2395
Fax: (717) 939-7255 • Phone: (717) 939-9318 ext. 170

OR

Register online at

<http://bit.ly/POFPSReg2018>

REGISTRATION INFORMATION

Name _____ AOA # _____
Office Address _____
City _____ State _____ Zip _____
Phone _____ E-mail Address _____
College/Grad. Year _____ DOB⁺ _____ Last 4 SSN⁺ _____
⁺Required for Child Abuse Lecture
Specialty _____ Osteopathic Boarded _____ Allopathic Boarded _____ Dual Boarded _____ N/A

REGISTRATION CATEGORY

PHYSICIAN	MAY 15 - JULY 31	AUG 1-5
<input type="checkbox"/> POFPS Member	\$0	\$50
<input type="checkbox"/> POFPS Life Member – Receiving Credits	\$110	\$150
<input type="checkbox"/> Non-member of POFPS (includes 2018 dues)	\$110	\$150
RESIDENT/STUDENT		
<input type="checkbox"/> Osteopathic Resident or Osteopathic Student	\$0	\$0
OTHER		
<input type="checkbox"/> Allied Health Professional	\$110	\$150
<input type="checkbox"/> Office Manager/Administrator	\$50	\$75

Note, no CME credits or attendance confirmation will be granted for interns, residents and fellows.

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 Business Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Saturday Product Theater Luncheon (immediately following business meeting)	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT METHOD

CHOOSE ONE:

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

No. _____ Exp.: _____ CSC: _____

Billing name if different than above: _____

Billing address if different than above: _____

REGISTRATION FEE TOTAL: _____

For POFPS Office Use Only:

Check # _____

Amount _____

Hershey Lodge Online Reservation Information: <https://aws.passkey.com/go/POFPS2018>

QUESTIONS? Contact the POFPS at (717) 939-9318 ext. 170 or e-mail dcargillroan@poma.org
A grievance policy is included in the POFPS CME Symposium program book.