

POMAA *Physician Office Managers Association of America*

POMAA Certification Plaque Order Form

Order Information:

Member's Name: _____

POMAA Credential (Current certification(s) will be verified) _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number + Area Code: _____

E-Mail Address: _____

Ship to Address: _____

(If the ship to address is the same as the billing address, please leave blank)

City: _____ State: _____ Zip Code: _____

Please allow 4 to 6 weeks for delivery



Certification Plaque 5x7 _____ @ \$50.00 Total _____

Certification Plaque 8x10 _____ @ \$95.00 Total _____

Shipping and Handling \$5.00 Total S&H \$5.00

Total Balance Due: _____ Total Due: _____

Method of Payment:

Check enclosed payable to "POMAA"

Credit Card: VISA MasterCard AMEX Discover Card

Credit Card Information (All information must be completed):

Card Holder's Name: _____

Last

First

Credit Card Number: _____ Expiration Date: _____

MM/YY

Please mail or fax completed form to:

POMAA, P.O. Box 232, Dallastown, PA 17313
 Phone: 1-877-782-5141 ~ Fax: 1-866-359-0561
 Email: national@pomaa.net
 www.POMAA.net ~ www.POMAA.com