



Long Sleeve Heavyweight T-Shirt Order Form

Order Information:

Member's Name: _____

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 2 to 4 weeks for delivery

The t-shirt is gray with maroon lettering in the left corner of the shirt that will have wording as listed below:

Physician Office Managers
Association of America

(Please note, the t-shirt will also have POMAA's logo on it)

Special Monthly Promotion for February 2012 – Save 50% off the regular retail price of \$28.00 and pay only \$14.00 per t-shirt – Expires February 29, 2012

Please indicate the size you are ordering:

Medium – Quantity _____ Large – Quantity _____ XL – Quantity _____

XXL – Quantity _____ Total Quantity _____ @ \$14.00

Total Dollar Amount \$ _____

Shipping & Handling \$ 4.00

Total Amount 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 application to:

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