

 **POMAA** *Physician Office Managers Association of America*

POMAA Travel Mug 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



POMAA's travel mug is stainless steel and double insulated. Quantity _____ @ \$10.00
Special Weekly Promotion January 6, 2012 thru January 15, 2012 – A 50% Savings off the regular retail price of \$20.00

Total Amount of Mugs \$ _____
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 form 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