

Registration Form

SOUTH DAKOTA MEDICAL GROUP MANAGEMENT ASSOCIATION FALL 2017 MEETING

August 23 - 25, 2017 • Arrowwood Cedar Shore Resort, 1500 Shoreline Drive – Oacoma/Chamberlain, SD

Name: _____

Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

SDMGMA Member 1st Time Attendee

SDMGMA Members: I will attend the fall SDMGMA conference at Cedar Shore Resort. My registration fee is enclosed. Registration will include attendance to the educational sessions, social activities and all meals.

****NOTE Registration Policy: Registration is \$100 if received by August 11.
Registrations received after that date will be increased to \$125.**

Non-Members: I will attend the fall SDMGMA conference at Cedar Shore Resort. My registration fee is enclosed. Registration will include attendance to the educational sessions, social activities and all meals.

****NOTE Registration Policy: Registration is \$125 if received by August 11.
Registrations received after that date will be increased to \$150.**

- I will participate in the 18 hole, 4-person scramble golf event. Average 9 hole score is _____.
- Wednesday, August 23 – Chamberlain Country Club – 33848 Golf Course Road, Oacoma
 - Green fees, ½ cart, with skins – \$40 to be paid directly to the golf course
 - Check in no later than 10:30 am (CT); Shotgun start at 11:00 am (CT); Lunch will be provided
 - Teams established prior to event and golfers will be notified
 - Register no later than **August 11**
 - For further information, contact Justin Garry at (605) 480-3418

I will be attending the Wednesday evening social at Cedar Shore Resort

I will be attending the Thursday morning breakfast

I will be attending the Thursday noon meal

I will I will pontoon Thursday afternoon

I will be attending the Thursday evening banquet

I will be bringing a guest (\$35)

I will be attending the Friday morning breakfast

**Mail registration with fee to: SDMGMA, 2600 W. 49th St.
Sioux Falls, SD 57105**

Or fax to: (605) 274-3274

EARLY DEADLINE: August 11, 2017

Contact Person: Terry Marks (605) 336-1965 or tmarks@sdsma.org

Cancellations: All cancellations must be submitted in writing to the SDMGMA and postmarked by August 16, 2017, to receive a refund. No partial or full refund or credit will be given for any reason after this deadline. Cancellation by telephone is NOT valid. Fax written cancellations to (605)274-3274 or e-mail to tmarks@sdsma.org. After August 16, 2017, there will be NO REFUND or CREDITS for programs or other activities.

