

Exhibitor/Sponsor 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

Company Name: _____

Participant Name: _____

Additional Participants: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Participation Level

_____ \$300 Exhibitor Level if registration received by August 11. Registration received after this date will increase to \$350. Registration includes one booth exhibit space with skirted table and TWO exhibitors at your booth may attend the education sessions, all social activities and meals. Booth set-up time is Wednesday, 5:00 pm – 7:00 pm (CT) and Thursday, 7:00 am – 7:30 am (CT). Teardown is Friday, 10:00 am (after morning break).

Display table for booth Yes No

Electricity for booth Yes No (Exhibitor supplies own extension cords)

_____ \$75 for each additional booth person

_____ Sponsor Level for speakers, meals or breaks. Costs vary, please contact Terry Marks (605) 336-1965

Social Activities and Meals

_____ I (We) will participate in the 18 hole, 4-person scramble golf event on Wednesday, August 23, at the Chamberlain Country Club, 33848 Golf Course Road, Oacoma.

_____ Number of Golfers (provide names and average 9 hole score)

- 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

_____ Number of people attending Wednesday evening social at Cedar Shore Resort

_____ Number of people attending Thursday morning breakfast

_____ Number of people attending Thursday noon meal

_____ Number of people pontooning Thursday afternoon

_____ Number of people attending Thursday evening banquet

_____ Number of people attending Friday morning breakfast

INTRODUCTIONS AND DOOR PRIZES

Name of participant to come forward during the Thursday evening banquet to give a 30 second to 1 minute description of your company:

Please provide a brief description of yourself/your company's product (use back of form if needed):

Will you have a door prize?

yes no

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.

