

Registration Form

SOUTH DAKOTA MEDICAL GROUP MANAGEMENT ASSOCIATION SPRING 2017 MEETING

April 26 – 28, 2017 • The Lodge, 100 Pine Crest Ln. – Deadwood, SD

Name: _____

Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

1st Time Attendee

SDMGMA Members: I will attend the spring SDMGMA conference in Deadwood. My registration fee is enclosed. Registration will include attendance to the education sessions, social activities and all meals.
****NOTE Registration Policy: Registration is \$100 if received by April 14.
Registrations received after that date will be increased to \$125.**

Non-Members: I will attend the spring SDMGMA conference at The Lodge. My registration fee is enclosed. Registration will include attendance to the education sessions, social activities and all meals.
****NOTE Registration Policy: Registration is \$125 if received by April 14.
Registrations received after that date will be increased to \$150.**

Social Activities and Meals

- I will participate in the 18 hole, 4-person scramble golf event. Average 9 hole score is _____.
- Wednesday, April 26 – Boulder Canyon Country Club – 12312 US Hwy 14a, Sturgis
 - Green fees, ½ cart, with skins - **\$47 to be paid directly to the golf course for greens fee and ½ cart and can be paid by credit card; please bring an extra \$5 cash for the skins game**
 - Check in no later than 10:30 am (MT); shotgun start at 11:00 am (MT); lunch will be provided
 - Teams established prior to event and golfers will be notified
 - Register no later than April 14
 - For further information, contact Justin Garry at 605.480.3418
- I will be attending the Wednesday evening social at The Lodge.
- I will be attending the Thursday morning breakfast
- I will be attending the Thursday noon meal
- 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 Street, Suite 200
Sioux Falls, SD 57105-6575**

Or fax to: (605)274-3274

EARLY DEADLINE: April 14, 2017

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

Cancellations: All cancellations must be submitted in writing to the SDMGMA by April 18, 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 April 18, 2017, there will be NO REFUND or CREDITS for programs or other activities.

