

Registration Form

SOUTH DAKOTA MEDICAL GROUP MANAGEMENT ASSOCIATION SPRING 2018 MEETING

April 25 - 27 • Holiday Inn City Centre Downtown Sioux Falls, SD

Name: _____

Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

- SDMGMA Member 1st Time Attendee

- SDMGMA Members:** I will attend the spring SDMGMA conference at the Holiday Inn City Centre. 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 April 13.
Registrations received after that date will be increased to \$125.**

- Non-Members:** I will attend the spring SDMGMA conference at the Holiday Inn City Centre. 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 April 13.
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, April 25 – Golf Addiction Indoor Virtual Golf, Bar and Grill, 5301 W. 57th Street, Sioux Falls
• 6 hours of golf – 11:00 am - 5:00 pm – \$40 to be paid directly to Justin Garry the day of the event
• Check in by 11:00 am; golf starts at 11:00 am
• Teams established prior to event and golfers will be notified
• Register no later than April 18
• Lunch, snacks and beverages will be provided
• For further information, contact Justin Garry at (605) 480-3418 or justingarry@hegg.com
- I will be attending the Wednesday evening social at The Phillips Gathering Place by Josiah's, 104 W. 12th Street, Sioux Falls
- 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 St., Suite 200
Sioux Falls, SD 57105-6569**

Or fax to: (605) 274-3274

EARLY DEADLINE: April 13, 2018

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 April 18, 2018, 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, 2018, there will be NO REFUND or CREDITS for programs or other activities.

