

# **2025 Annual Meeting Exhibitor Prospectus**

April 25-26, 2025 | Pastides Alumni Center



#### **EXHIBITOR SPONSORSHIPS**

#### SCMA Exhibitor (Basic Booth)

\$1,500

Includes 8' x 8' booth, 6' exhibit table, chair, drape, 7" x 44" booth ID sign, company listing in the program, 2 exhibitor registrations, attendee list after the meeting

## SCMA Exhibitor & Advertising Sponsor

\$2,000

Basic exhibitor booth + half page ad in the program

#### **SCMA Exhibitor**

\$2,300

#### Refreshment Break Sponsor

Basic exhibitor booth + half page ad in the program, special sign recognition as a sponsor

#### SCMA Exhibitor Ice Cream

\$3,000 **SOLD** 

#### **Break Sponsor\*\***

Basic exhibitor booth + half page ad in the program, special sign recognition as an ice cream sponsor

#### SCMA Exhibitor Mimosa Moment

\$3,500

Basic exhibitor booth + half page ad in the program, special sign recognition as a mimosa sponsor

#### **SCMA Bronze Sponsor**

\$2,700

Basic exhibitor booth + 3 exhibitor registrations (basic booth + 2), half page ad in the program, and special sign recognition

#### **SCMA Silver Sponsor**

\$5,000

Basic exhibitor booth + 4 exhibitor registrations (basic booth + 2), half page ad in the program, thank you post on SCMA social media prominently displaying company logo, and digital sign recognition

#### **SCMA Gold Sponsor**

\$7,500

Basic exhibitor booth + 5 exhibitor registrations (4 more than basic booth), full page ad in the program, thank you post on SCMA social media prominently displaying company logo, prominent logo placement in "Daily Digest" meeting emails to registrants, and both digital and stand-alone sign recognition

### \* All Sponsorship requests must be received **before March 14** for sign recognition and publication in the program.

#### **MEETING PROFILE**

Exhibitor Set-Up:
Friday, April 25
anytime between 12 - 5 p.m.

**Exhibiting Hours:** Friday, April 25

Welcome Reception 5 - 6:30 p.m. in Exhibit Hall

Saturday, April 26 7:30 a.m. - 1 p.m.

Breakfast

7:30 - 8:30 a.m. in Exhibit Hall

Lunch & Giveaways 11:30 a.m. - 1 p.m.

Exhibit Hall Closes 1 p.m.



<sup>\*\*</sup> Ice cream and mimosa sponsorships limited to one

# SPECIALTY SPONSORSHIP OPPORTUNITIES (no booth)

#### **Attendee Bag Instert Item and Company Name in Program**

\$1,000

Sponsor will provide up to three (3) marketing pieces or promotional products to insert into meeting bags provided to physician attendees (approx. 300 items). Items are sent to SCMA HQ two weeks prior to event and are subject to approval. Also includes recognition in program.

#### **Branded Chocolate Wafer on Gala Dessert\***

\$3,000 *SOLD* 

Make an elegant impression on our gala guests by adorning each dessert with a chocolate wafer stamped with your company's logo. The color of your logo imprint is customizable. *Note: Gala attendance not included. Gala guests are exclusively physician attendees and SCMA staff members.* 

A/V Sponsor \$3,000

Includes prominent sign recognition througout event (excluding CME educational programming) with personalized Wi-fi password and recognition in program

#### **Lanyard Sponsor\***

\$3,000

Company name or logo is printed on physician attendee nametag lanyards + half page advertisement in the program

#### **360 Photobooth Sponsor\***

\$3,500

SCMA will capture videos of attendees to be posted on social media with sponsor logo displayed in video template + half page advertisement in the program

# **EVENT SPONSORSHIP OPPORTUNITIES** (no booth)

#### SCMA Student, Resident, and Fellow Poster Competition

\$3,000

Includes sign recognition at event, recognition in program and attendance for two

#### **SCMA Gala Sponsor**

\$10,000

Includes sign recognition at event, full page ad in program, two tickets to attend, five minutes for welcome remarks at event

#### **SCMA Annual Meeting Hotel Information**

Hampton Inn\* (Friday night reservation only) 822 Gervais St. | Columbia, SC Room reservations available in January 2025 \*5 minute walk to the Pastides Alumni Center **Convention Services & Drayage Contractor** 

PRX Exposition Services
Phone: 803-926-5300 | Fax: 803-926-5500

<sup>\*</sup> Sponsorship for Dessert, Lanyard, and Photobooth must be **finalized by Feb. 7** to provide time for customization.

EXHIBITOR CONTRACT PAGE 1 of 5

Please read the following contract carefully. Initial where indicated to verify that you have read and understood each item. Please sign at the bottom to accept the contract and the terms stated therein. You must return the completed application, signed exhibitor contract (5 pages total) and exhibitor registration fee to confirm your booth.

#### **RULES AND REGULATIONS**

EXHIBIT HOURS INITIAL:

The Exhibit Hall will open at 12:00 p.m. on Friday, and 7:30 a.m. on Saturday. Refreshment breaks are scheduled at regular intervals. The exhibits will close at 1:00 p.m. on Saturday. Please make plans to keep your exhibit booth in place until then.

DISMANTLING TIME INITIAL:

Booths shall be dismantled on Saturday, immediately after closing. Please do not dismantle your booth prior to this time. We reserve the right to not provide a list of attendees to any company that removes their exhibit booth prior to 1:00 p.m. on Saturday. This decision will be at the discretion of the SCMA and will be based on when the booth was dismantled and the number of complaints received from physicians. Exhibits must be removed from the exhibit hall by 1:30 p.m.

#### EXHIBITOR REGISTRATION

Registration for exhibitors will begin at 12:00 noon on Friday at the SCMA Registration Desk. Each representative of the exhibiting firm will receive an identifying badge. Exhibits must be in place by 5:00 p.m. on Friday.

CLEANING SERVICES INITIAL:

The Pastides Alumni Center will clean all aisles of the Exhibit Hall each evening. Cleaning and maintenance workers employed by the hotel are specifically instructed not to enter individual booths.

PROMOTION INITIAL:

The South Carolina Medical Association will feature a 25 word summary in the official Annual Meeting program describing the products or services to be exhibited in each booth if it is received electronically by March 1, 2024. The educational aspects of the exhibits are promoted through pre-convention releases to the members of the SCMA and are noted in individual mailings to members of the House of Delegates. Announcements concerning the importance of the exhibits will be made on a continual basis during the scientific and business sessions of the Annual Meeting, and specific times to visit exhibits will be scheduled in the program. All refreshment breaks will be scheduled in the exhibit area.

#### SHIPPING YOUR EXHIBIT INITIAL:

If you plan to ship your exhibit, contact PRX Exposition Services (803) 926-5300. They will store your exhibition materials and deliver them to the Pastides Alumni Center on Friday. *Please note: Please use PRX Exposition Services for your convention and dryage needs*.

DECORATING SERVICES INITIAL:

Each booth comes with a standard 6' exhibit table, drape, and a chair. The exhibit hall is carpeted. Any additional decorating services can be arranged through PRX Exposition Services. You can contact them directly at (803) 926-5300.

ELECTRICAL SERVICES INITIAL:

All requests for electricity, internet connections and phone lines must go directly through the hotel.

DOOR PRIZES INITIAL:

The SCMA will draw for door prizes using the raffle tickets provided to attendees at lunch on Saturday. We will post the winners at the registration desk. Please keep the door prize in your booth for pick-up. Only list the door prize(s) you would like the SCMA to draw for on exhibitor application. Physicians must have exhibitors sign the ticket in their packet to be eligible for the SCMA drawings.

LOSS OR DAMAGES INITIAL:

The Pastides Alumni Center and the South Carolina Medical Association (SCMA) cannot guarantee against loss or damage and will assume no liability for damages nor guarantee the exhibitor against loss of any kind. The exhibitor understands and agrees to be responsible for damages that may occur as a result of the exhibitor's use of the facility.

EXHIBITOR CONTRACT PAGE 2 of 5

SPACE ASSIGNMENT INITIAL:

The SCMA reserves the right to assign booth spaces. Space is assigned on a first-come, first served basis and are processed in the order they are received. You must complete the online or paper application and agree to the terms. Please note that incomplete applications will not be processed until completed.

PAYMENT INITIAL:

ONCE AN EXHIBITOR CONTRACT HAS BEEN SUBMITTED AND ACCEPTED, PAYMENT IS DUE. Your exhibitor registration fee must be **received prior to March 14, 2025** to guarantee your exhibit booth. If your payment has not been **received by March 14, 2025**, we reserve the right to cancel your contract and will offer the available exhibit space to companies on the waiting list. Checks should be made payable to the South Carolina Medical Association and mailed to: ATTN: Rebecca Brannon, Annual Meeting at 132 Westpark Blvd., Columbia, SC 29210.

CANCELLATION INITIAL:

If for any reason you must cancel your contract, you must provide notice in writing to the SCMA. You will receive written notification when we receive your cancellation. However, per this contract if the cancelled space cannot be reassigned, you will be responsible for the exhibitor registration fee. If the fee has been paid no refund will be made. If the booth can be reassigned, a full refund will be made.

#### MISCELLANEOUS INFORMATION

#### INITIAL:

I understand that I am responsible for providing each of my representatives with a copy of the signed contract and exhibitor summary sheet. I understand that any questions received by the SCMA that are answered in the exhibitor summary sheet or contract will be directed to me by the SCMA staff.

#### STANDARDS FOR EXHIBITING

#### INITIAL:

- I. Exhibitors' displays must not obstruct the view of neighboring exhibitors and must not exceed the height of the 8-foot backdrop. Please remember that the booth size is 8x8 when planning your display. If your exhibit blocks the view of your neighbor's booth, you will be asked to remove the display.
- 2. Drugs, chemicals or similar preparations used in the treatment of disease or medical publications that contain advertisements of such drugs, which do not conform to the rules of the Council on Clinical Pharmacology and Therapeutics of the American Medical Association, cannot be exhibited.
- 3. Sound devices above conversation level will not be permitted in any booth.
- 4. Representatives staffing the booth must remain inside the booth area. At no time can solicitation be made in the aisles or from any area outside of the booth space. Please be sure that you have staff available to work the booth during ALL exhibit hours.
- 5. Distribution of literature, samples, etc. in the Exhibit Hall by firms, which are not participating in the exhibit is prohibited. Evidence of violation of this rule should be reported immediately to a member of the SCMA staff.
- 6. Unethical conduct or infraction of rules on the part of the exhibitor, his representative, or both, will subject the exhibitor or his representative to dismissal from the Exhibit Hall, in which event it is understood that no refund will be made by the SCMA.
- 7. Arrangements for exhibits may neither influence planning nor interfere with the presentation of the educational activity.
- 8. Exhibits cannot be a condition of the provision of commercial support for CME activities.
- 9. Commercial/promotional materials may not be displayed or distributed in the same room immediately before, during or immediately after the CME activity.
- 10. Representatives of commercial supporters and exhibitors may attend the CME activity if they wish, but must not engage in sales activity in the room where the educational activity is held.
- II. ONCE AN EXHIBITOR APPLICATION HAS BEEN SUBMITTED AND ACCEPTED, PAYMENT IS DUE AND NO REFUND WILL BE MADE AND SUBLETTING WILL NOT BE PERMITTED. If for any reason you must cancel your contract, you must provide notice in writing to the SCMA. You will receive written notification when we receive your cancellation. However, per this contract if the cancelled space cannot be reassigned, you will be responsible it or registration fee and if the fee has been paid no refund will be made. If the booth can be reassigned, a full refund will be made.

EXHIBITOR CONTRACT PAGE 3 of 5

It is expressly understood that in purchasing and using space in the Exhibit Hall, the exhibitor agrees to abide by all rules and regulations; moreover, that the SCMA, in accepting the application for space, agrees to furnish ordinary facilities and services as enumerated in this Contract.

#### SIGNATURE & ACCEPTANCE OF CONTRACT

By signing below, I affirm that I have *read and understood* all information contained within the exhibitor contract and application. I agree to abide by all rules, regulations and standards. I understand that by violating any of the above rules, regulations, or standards I can be asked to leave the meeting without benefit of a refund. I also understand that if I cancel after my application has been accepted, I am responsible for the registration fee and will only receive a refund if the space can be reassigned.

SIGNATURE:	DATE:
PRINTED NAME:	
COMPANY NAME:	



### **EXHIBITOR APPLICATION** (This application will also serve as your event registration.)

Company Information (Please p	rint or type)									
Company Name	Mailing Address									
City										
Contact Person P			Number	Email Address						
Type of Product or Service Exhibition Will Co			ontact Attend Meeting?	☐ Yes □	☐ No					
Company Representatives (Pleas	se print name and en	nail ad	dress of the representa	tive(s) who will	l be staffing exhibit)					
Representative Name			Representative Email Address							
Representative Name			Representative Email Address							
Complimentary Options										
Would you like to donate a door prize to b by the SCMA? ☐ Yes ☐ No	e drawn		If yes, indicate the prize dona	tion to be listed on	the raffle ticket:					
Please Note: Booth locations will										
There is no online registration for	r exhibitors. The exhi	bitor a	pplication serves as yo	ur registration i	for this event.					
Sponsorships			_							
Booth Sponsorships	Cost		Specialty Sponsorships		Cost					
☐ Exhibitor (Basic Booth)	\$1,500		☐ Attendee Bag Insert I	tems	\$1,000					
☐ Booth / Advertising Sponsor	\$2,000		☐ Branded Chocolate V	/afer on Gala Desse	rt** \$3,000					
☐ Booth / Refreshment Break	\$2,300		☐ A/V Sponsor		\$3,000					
☐ Booth / Ice Cream Break*	\$3,000		☐ Lanyard Sponsor**		\$3,000					
☐ Booth / Mimosa Moment*	\$3,500		☐ 360 Photobooth Spor	\$3,500						
☐ Booth / Bronze Sponsor	\$2,700									
☐ Booth / Silver Sponsor	\$5,000	Event Sponsorships			Cost					
☐ Booth / Gold Sponsor	\$7,500		☐ Poster Competition		\$3,000					
			☐ Gala Sponsor	,	\$10,000					
* Ice Cream and Mimosa sponsorships limit ** Chocolate Wafers, Lanyard, and 360 Photoselect vendors and	ed to one.	_			for customization. SCMA will					
Payment Options										
☐ Check Enclosed Make payable to SCMA. ☐ Credit Card Complete Form Below.			If payment is not received by March 14, 2024 your registration will be cancelled and your location will be released.							
Credit Card Payment (Please Prir	nt)									
Name on Card			Billing Address							
City State			Zip	ne Number						
Credit Card Type:   Visa   Mastercard   Amex			Total to Charge:\$							
Card Number			3-Digit Security Code	Expi	Expiration Date					
Signature			•							
Important Information										
<ul> <li>Payment must be received by Ma</li> <li>SCMA Tax ID: #57-0248750. A comple (on next page).</li> <li>For recognition in the official program received by March 14, 2025.</li> </ul>	Return Completed Contract & Application to: South Carolina Medical Association, ATTN: Rebecca Brannon via email at rbrannon@scmedical.org									

# Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

	<ol> <li>Name of entity/ir entity's name on</li> </ol>	dividual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner line 2.)	's name o	on line 1	, and	enter the	busi	ness	/disre	egarde			
ŀ	South Carolina Medical Association  2 Business name/disregarded entity name, if different from above.												
	2 Dusiness name/o	isregarded entity name, if different from above.											
See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.    Individual/sole proprietor							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (If any)  Exemption from Foreign Account Ta Compliance Act (FATCA) reporting					
lns	Other (see in	structions) 501(c)6 Non Profit			code	(if any)							
Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions						(Applies to accounts maintained outside the United States.)						
See	5 Address (numbe 132 Westpark B		uester's	name a	nd add	iress (op	tional	)					
1	6 City, state, and ZIP code												
	Columbia, SC 29210												
1		ber(s) here (optional)											
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Par	Taxpaye	r Identification Number (TIN)		1-1									
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#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they