Plan Now To Exhibit at the South Carolina Medical Association Annual Scientific Meeting!

The South Carolina Medical Association (SCMA) presents a unique and distinct audience of South Carolina physicians – and gives you an equally unique opportunity to tap into a specialized marketplace!

We bring you professionals with specialized needs – from all specialties in medicine. These professionals participate in post-graduate medical education opportunities so the public is assured of receiving consistently high quality medical care.

They come to the SCMA Annual Scientific Meeting to learn new and better practice modalities and techniques, critical information to serve their patients and grow their practice. And in order to achieve this objective, our audience seeks practical solutions from companies like yours. To enhance and grow their practice, our attendees come to the Exhibition in search of the latest and best products and services – and they’ll be looking for your company!

Welcome SCGA Members!

The SC Medical Association welcomes the SCGA to our meeting on May 6, 2017.

---

**EXHIBITOR SPONSORSHIPS***

<table>
<thead>
<tr>
<th>Sponsor Type</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibitor (Basic Booth)</td>
<td>$1,250</td>
</tr>
<tr>
<td>Includes 8’ x 8’ booth, 6’ exhibit table, chair, drape, 7&quot; x 44’ booth ID sign (by request only), company listing in the program, 4 exhibitor registrations, attendee list after the meeting</td>
<td></td>
</tr>
<tr>
<td>Exhibitor &amp; Coffee/Refreshment Break Sponsor</td>
<td>$1,600</td>
</tr>
<tr>
<td>Includes exhibitor booth + quarter page advertisement in the program, special sign recognition as a sponsor</td>
<td></td>
</tr>
<tr>
<td>Exhibitor &amp; Advertising Sponsor</td>
<td>$1,800</td>
</tr>
<tr>
<td>Includes exhibitor booth + half page advertisement in the program, button ad on SCMA website with link to your website, special sign recognition</td>
<td></td>
</tr>
<tr>
<td>Exhibitor &amp; Popcorn or Ice Cream Break Sponsor**</td>
<td>$1,900</td>
</tr>
<tr>
<td>Includes exhibitor booth + quarter page advertisement in the program, special sign recognition as a popcorn or ice cream sponsor</td>
<td></td>
</tr>
<tr>
<td>Bronze Sponsor</td>
<td>$2,500</td>
</tr>
<tr>
<td>Includes exhibitor booth + one additional company representative may attend (5 total), half page advertisement in the program, double button ad on SCMA website with link, special sign recognition at the meeting</td>
<td></td>
</tr>
<tr>
<td>Silver Sponsor</td>
<td>$5,000</td>
</tr>
<tr>
<td>Includes exhibitor booth + one additional company representative may attend (5 total), half page advertisement in the program, half banner ad on SCMA website with link, special sign recognition at the meeting, quarter page advertisement in the Summer issue of the Palmetto Physician Magazine, recognition in our Annual Meeting email correspondence to members prior to and during the meeting</td>
<td></td>
</tr>
<tr>
<td>Gold Sponsor</td>
<td>$7,500</td>
</tr>
<tr>
<td>Includes exhibitor booth + one additional company representative may attend (5 total), full page advertisement in the program, full banner ad on SCMA website with link, stand alone sign recognition at the meeting, half page advertisement in the Summer issue of the Palmetto Physician Magazine, special email announcement of sponsorship to members prior to and after the annual meeting</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER SPONSORSHIP OPPORTUNITIES**

<table>
<thead>
<tr>
<th>Sponsor Type</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>House of Delegates Luncheon</td>
<td>$7,000</td>
</tr>
<tr>
<td>Includes sign recognition at event, recognition in program, two tickets to attend, five minutes for welcome remarks at event</td>
<td></td>
</tr>
<tr>
<td>Gala Sponsor</td>
<td>$10,000</td>
</tr>
<tr>
<td>Includes sign recognition at event, full page ad in program, two tickets to attend, five minutes for welcome remarks at event</td>
<td></td>
</tr>
</tbody>
</table>

*All Sponsorship requests must be received before April 1st for sign recognition and publication in the program. **First come first serve, must choose ice cream or popcorn break, this sponsorship is limited.
MEETING PROFILE

Location
Charleston Marriott
170 Lockwood Blvd.
Charleston, SC 29403

Meeting Dates
May 4 -7, 2017

Exhibitor Set-up
Thursday, May 4
4:30 pm - 6:00 pm

Exhibiting Hours
Friday, May 5
7:00 am - 3:00 pm
House of Delegates
Lunch:
11:45 am - 12:30 pm
Reception:
5:00 pm - 6:30 pm

Saturday, May 6
Breakfast:
7:00 am - 9:30 am
Exhibits Close:
10:30 am

TENTATIVE CME TOPICS

Thursday, May 4, 2017
12:30 p.m. – 5:30 p.m.
Hot Topics
• Palliative Care
• Adolescent Mental Health
• Prescription Drugs
• Why PCMH Now?
• Obesity in SC

Friday, May 5, 2017
8:00 a.m. – 12:00 p.m.
Hot Topics
• Advance Care Planning
• Memory Power
• Carolina eHealth Network

Saturday, May 6, 2017
10:00 a.m. – 2:30 p.m.
SCMA President’s Session: Medical Education
• Bedside Ultrasound in Medical Education
• Medical Student Mental Health
• GME Funding
• Changing Assessment Models in Medical Education
• The Clinical Learning Environment
• Update on DO Medicine

FORMER EXHIBITORS

Allscripts
American Medical Association Foundation
American Pensions, Inc.
Answer Carolina, Inc.
Army Healthcare
Bekido, LLC
Cardiac Science
Carolina Crescent Health Plan, Inc.
Christ School
Custom Manufactured Products, LLC
Doctors Care
Dyadic Financial Management, LLC
eClinical Works/Medical Data Services
EHS
Galen Billing Services
GE Healthcare
GMK Associates, Inc.
Greenway Medical Technologies
Henry Schein
iH3
iMedica Corporation
Lincoln Financial Group
LTC Associates, Inc.
MAG Mutual
Matrix
MEDcare Urgent Care
MedCost
Medical Protective
Member’s Insurance Trust
Merck
MUSC
MUSC Institute of Psychiatry
Navicure, Inc.
Omega Medical Solutions
Organon, a part of Schering-Plough
Palmetto GBA
PrimaryRx
Professional Liability Solutions
Regions Bank
Sanofi-Aventis Pharmaceutical
SC Drug Card
SC Healthcare Managers Association
SC Physician Assurance Company
SC Society of Medical Assistants
SC-DHEC-Infections Waste Program
SCMA Financial Services
SCMA Practice Management Services, Inc.
ScottCare Corporation
South Carolina Healthy Connections Choices
Southern Medical Association
Takeda Pharmaceuticals
US Air Force Health Professions
USC School of Medicine
Validare, Inc.

ONLINE REGISTRATION

ONLINE REGISTRATION
Save time and get the booth you want sooner! Manage your exhibitor
and sponsorships online with our online registration system.

www.scmedical.org/am17

**Online registration will be available February 2017.**

SCMA HOTEL CONFERENCE RATES
Charleston Marriot
170 Lockwood Boulevard
Charleston, SC 29403
Phone 1-843-723-3000
Online www.scmedical.org/am17

Per Night Plus state and local taxes
Single/Double $199

Conference Rate Ends April 12, 2017

CONVENTION SERVICE & DRAYAGE CONTRACTOR
PRX Exposition Services
(Phone) 803-926-5300
(Fax) 803-926-5500
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
The Exhibit Hall will open on 7:00 a.m. on Friday and Saturday. Refreshment breaks are scheduled at regular intervals. The exhibits will close at 10:30 a.m. on Saturday. Please make plans to keep your exhibit booth in place until then.

☑ DISMANTLING TIME
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 10:30 a.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 11:30 a.m.

☑ EXHIBITOR REGISTRATION
Registration for exhibitors will begin at 4:30 p.m. on Thursday at the SCMA Registration Desk. The exhibit hall will not be available before 4:30 pm. Each representative of the exhibiting firm will receive an identifying badge. Exhibits must be in place by 6 p.m. on Thursday.

☑ CLEANING SERVICES
The hotel 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
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 April 1, 2017. 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.

☑ DRAYAGE
If you plan to ship your exhibit, contact PRX Exposition Services (803) 956-5300. They will store your exhibition materials and deliver them to the hotel on Thursday. Please note: If you ship materials directly to the hotel they will charge you a storage and handling fee per box. Please use Displays Unlimited for your convention and drayage needs.

☑ DECORATING SERVICES
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. Forms are enclosed to assist you with your arrangements or you can contact them directly at: (803) 926-5300. They will be available Thursday morning during exhibitor setup hours.

☑ ELECTRICAL SERVICES
All requests for electricity, internet connections and phone lines must go directly through the hotel.
DOOR PRIZES
The SCMA will draw for door prizes using the raffle tickets published on the back of the program at various times on Friday and Saturday. We will post the winners at a designated booth. Please keep the door prize in your booth for pick-up. If you plan to collect business cards in your booth for a door prize, please do not list that prize on your application. 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 program to be eligible for the SCMA drawings.

SECURITY
If needed, a uniformed security guard provided by the SCMA will be on duty when the Exhibit Hall is not open. However, the hotel 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.

SPACE ASSIGNMENT
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
ONCE AN EXHIBITOR CONTRACT HAS BEEN SUBMITTED AND ACCEPTED, PAYMENT IS DUE. Your exhibitor registration fee must be received prior to April 1, 2017, to guarantee your exhibit booth. If your payment has not been received by April 1, 2017, 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: Annual Meeting at P.O. Box 11188, Columbia, SC 29211.

CANCELLATION
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
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
1. Exhibitors’ displays must not obstruct the view of neighboring exhibitors and must not exceed the height of the eight-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. X-rays must not be used or exhibited unless ample protection is provided, such as tube shields or metallic screens.
3. 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.
4. Sound devices above conversation level will not be permitted in any booth.
5. 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.
6. 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.
7. 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.
8. Arrangements for exhibits may neither influence planning nor interfere with the presentation of the educational activity.
9. Exhibits cannot be a condition of the provision of commercial support for CME activities.
10. Commercial/promotional materials may not be displayed or distributed in the same room immediately before, during or immediately after the CME activity.
11. 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.
12. 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 for the exhibitor 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.

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.

☑ ADDITIONS AND MODIFICATIONS

Any point not covered above or elsewhere on these pages is subject to settlement by the SCMA. The SCMA reserves the right to change or modify any rule or regulation, or any specification herein, when deemed advisable and to the best interest of the SCMA.

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: _________________________________________
<table>
<thead>
<tr>
<th>Company Information (Please print or type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
</tr>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
<tr>
<td>Contact Person</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Will Contact Attend Meeting? □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Product or Service Exhibition</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Were you referred by the SC Gastroenterology Association? □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, is your product or service specific to SCGA? □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Representatives (Please print name and email address of the representative(s) who will be staffing your exhibit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative Name</td>
</tr>
<tr>
<td>Representative Email Address</td>
</tr>
<tr>
<td>Representative Name</td>
</tr>
<tr>
<td>Representative Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complimentary Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like a complimentary sign (7” x 44”) for your company? □ Yes □ No</td>
</tr>
<tr>
<td>If yes, Print Company Name (if blank, no sign will be provided)</td>
</tr>
<tr>
<td>Would you like to donate a door prize to be drawn by the SCMA? □ Yes □ No</td>
</tr>
<tr>
<td>If yes, indicate the prize donation to be listed on the raffle ticket.</td>
</tr>
</tbody>
</table>

Please Note: Booth locations will be assigned on a first come first serve basis, and are subject to change.
## Sponsorships

### Choose an Exhibitor Sponsorship

- Exhibitor $1,250
- Booth & Coffee/Refreshment Break $1,600
- Booth & Advertising $1,800
- Booth & Popcorn Break Package $1,900
- Booth & Ice Cream Break Package $1,900
- Bronze Sponsor $2,500
- Silver Sponsor $5,000
- Gold Sponsor $7,500

### Other Sponsorship Opportunities

- House of Delegates Luncheon $7,000
- Gala Sponsor $10,000

### A La Carte Options

- Basic Booth $1,250

### Add a Sponsorship for a Special Booth (Choose only one.)

- Popcorn Booth (no advertising is included) + $550
- Ice Cream Booth (no advertising is included) + $550
- Coffee/Refreshment Booth (no advertising is included) + $250

### Advertising

- Full Page Program Ad $+675
- Half Page Program Ad $+355
- Quarter Page Program Ad $+175
- Half Banner Website Ad $+200

## Payment Options

- Check Enclosed
- Credit Card

If payment is not received by April 1, 2017, your registration will be cancelled and your location will be released.

### Credit Card Payment (Please print.)

Name on Card

Billing Address

City | State | Zip | Phone Number
---|---|---|---

Credit Card Type

- Visa
- Mastercard

Total to Charge

Card Number | Three Digit Security Code | Expiration Date
---|---|---

Signature

## Important Information

- Payment must be received by April 1, 2017
- SCMA Tax ID: #57-0248750. A completed W-9 form is included in the prospectus for your information.
- For recognition in the official program, please make sure your payment is received by April 1, 2017

---

Return Completed Contract & Application to:
South Carolina Medical Association
P.O. Box 11188
Columbia, SC 29211
rbrannon@scmedical.org
Name (as shown on your income tax return)
South Carolina Medical Association

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=partnership)
☐ Exempt payee

Address (number, street, and apt. or suite no.)
132 Westpark Blvd
City, state, and zip code
Columbia, SC 29210

501 (c) 6 Non-Profit

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 4.

Signature of U.S. person

Date

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding.

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form. If it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay the withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.