



2023 Annual Meeting Exhibitor Prospectus

April 27-30, 2023

Marriott Myrtle Beach Resort & Spa
at Grande Dunes



MEETING PROFILE

Exhibitor Set-Up:

Thursday, April 27 from 9-11 a.m.

Exhibiting Hours:

Thursday, April 27

11 a.m.-6 p.m.

Registration

11 a.m.-6 p.m., Exhibit Hall

Big Prize Giveaway

2:30 p.m., Exhibit Hall

Friday, April 28

7 a.m.-1 p.m. & 5-6:30 p.m.

Breakfast

7-9 a.m., Exhibit Hall

HOD Lunch Buffet

11:30 a.m.-1 p.m., Exhibit Hall

Reception

5-6:30 p.m. Exhibit Hall

Saturday, April 29

7-10 a.m.

Breakfast

7-9 a.m., Exhibit Hall

Big Prize Giveaway

9:30 a.m., Exhibit Hall

10 a.m. Exhibit Hall Closes

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, 4 exhibitor registrations, attendee list after the meeting

SCMA Exhibitor & Coffee/ Refreshment Break Sponsor **\$1,900**

Includes exhibitor booth + quarter page advertisement in the program, special sign recognition as a sponsor

SCMA Exhibitor & Advertising Sponsor **\$2,100**

Includes exhibitor booth + half page advertisement in the program and special sign recognition

SCMA Exhibitor Ice Cream Break Sponsor** **\$2,300** **SOLD**

Includes exhibitor booth + quarter page advertisement in the program, special sign recognition as an ice cream sponsor

SCMA Bronze Sponsor **\$2,700**

Includes exhibitor booth + one additional company representative may attend (5 total), half page advertisement in the program, and special sign recognition at the meeting

SCMA Silver Sponsor **\$5,000**

Includes exhibitor booth + one additional company representative may attend (5 total), half page advertisement in the program and special sign recognition at the meeting

SCMA Gold Sponsor **\$7,500**

Includes exhibitor booth + one additional company representative may attend (5 total), full page advertisement in the program and stand alone sign recognition at the meeting

* All Sponsorship requests must be received before March 13 for sign recognition and publication in the program.

** Ice cream break sponsorship is limited to one, first come first served.

Past exhibitor list available upon request. Please contact Rebecca Brannon at rbrannon@scmedical.org.



OTHER SPONSORSHIP OPPORTUNITIES *(no booth)*

Donate Materials and Company Name in Program **\$800**
 Includes recognition in program and you may donate standard marketing material to be received by physician attendees (#300)

Fulcrum Risk Solutions Meeting **\$1,000**
 Includes sign recognition at event, recognition in program and five minutes to speak to the Fulcrum Risk Solutions Board

A/V Sponsor **\$3,000**
 Includes prominent sign recognition throughout event on Wi-fi password access information (excluding CME educational programming) and recognition in program

SCMedPAC Legislative Reception **\$3,000**
 Includes sign recognition at event, recognition in program and attendance for two

SCMA Student and Resident Poster Competitions **\$3,000**
 Includes sign recognition at event, recognition in program, attendance for two during the competition

SCMA Board of Trustees Breakfast **\$4,000**
 Includes exhibitor booth + half page advertisement in the program and special sign recognition

SCMA President Cocktail Hour Before Inauguration **\$5,000**
 Includes sign recognition at event, recognition in program, 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 Hotel Conference Rates

Marriott Myrtle Beach Resort & Spa at Grande Dunes
 8400 Costa Verde Dr. | Myrtle Beach, SC

SCMA Room Block Rates: \$189++

Room Block Opens in January and Closes on March 28, 2023

Convention Services & 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

INITIAL:

The Exhibit Hall will open at 11:00 a.m. on Thursday, and 7:00 a.m. on Friday and Saturday. Refreshment breaks are scheduled at regular intervals. The exhibits will close at 10:00 a.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 10:00 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 10:30 a.m.

EXHIBITOR REGISTRATION

INITIAL:

Registration for exhibitors will begin at 9:00 a.m. on Thursday at the SCMA Registration Desk. Each representative of the exhibiting firm will receive an identifying badge. Exhibits must be in place by 11:00 a.m. on Thursday.

CLEANING SERVICES

INITIAL:

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

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 13, 2023. 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 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 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 published on the back of the program at various times on Friday and 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 program to be eligible for the SCMA drawings.

LOSS OR DAMAGES

INITIAL:

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

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 13, 2023** to guarantee your exhibit booth. If your payment has not been **received by March 13, 2023**, 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 P.O. Box 1188, Columbia, SC 29211.

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:

1. Exhibitors' displays must not obstruct the view of neighboring exhibitors and must not exceed the height of the eightfoot 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 for the 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.

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: _____



Company Information (Please print or type)

Company Name		Mailing Address	
City	State	Zip	
Contact Person	Phone Number	Email Address	
Type of Product or Service Exhibition	Will Contact Attend Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Representatives (Please print name and email address of the representative(s) who will be staffing exhibit)

Representative Name	Representative Email Address
Representative Name	Representative Email Address

Complimentary Options

Would you like to donate a door prize to be drawn by the SCMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the prize donation to be listed on the raffle ticket.
-------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

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

There is no online registration for exhibitors.

Sponsorships

<input type="checkbox"/> Exhibitor	\$1,500
<input type="checkbox"/> Booth and Coffee/Refreshment Break	\$1,900
<input type="checkbox"/> Booth and Advertisement	\$2,100
<input type="checkbox"/> SCMA Exhibitor Ice Cream Break Sponsor	\$2,300
<input type="checkbox"/> A/V Sponsor	\$3,000
<input type="checkbox"/> Bronze Sponsor	\$2,700
<input type="checkbox"/> Silver Sponsor	\$5,000
<input type="checkbox"/> Gold Sponsor	\$7,500
<input type="checkbox"/> Donated Materials	\$800
<input type="checkbox"/> Fulcrum Risk Solutions Meeting	\$1,000
<input type="checkbox"/> SCMA BOT Breakfast	\$4,000
<input type="checkbox"/> Student/Resident Poster Competition	\$3,000
<input type="checkbox"/> SCMA Cocktail Hour (before Inauguration)	\$5,000
<input type="checkbox"/> House of Delegates Luncheon	\$8,000
<input type="checkbox"/> Gala Sponsor	\$10,000
<input type="checkbox"/> SCMedPAC Reception	\$3,000

Payment Options

<input type="checkbox"/> Check Enclosed Make payable to SCMA.	<input type="checkbox"/> Credit Card Complete Form Below.	If payment is not received by March 13, 2023 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: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex		Total to Charge: \$	
Card Number	3-Digit Security Code	Expiration Date	

Signature

Important Information

- Payment must be received by March 13, 2023
- SCMA Tax ID: #57-0248750. A completed W-9 form is included (on next page).
- For recognition in the official program, please make sure your payment is received by March 13, 2023.

Return Completed Contract & Application to:
South Carolina Medical Association, ATTN: Rebecca Brannon
P.O. Box 11188, Columbia, SC 29211
rbrannon@scmedical.org

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. South Carolina Medical Association	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See Instructions. 132 Westpark Blvd	Requester's name and address (optional)
6 City, state, and ZIP code Columbia, SC 29210	
7 List account number(s) here (optional)	

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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the Instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	7		0	2	4	8	7	5	0

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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 the certification, but you must provide your correct TIN. See the Instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Gina Kimball</i>	Date ▶ 10/19/2022
------------------	------------------------------------------------	--------------------------

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.