



SCMA
SOUTH CAROLINA MEDICAL ASSOCIATION

2026 Annual Meeting Exhibitor Prospectus

April 24-25, 2026 | Charleston Marriott

***NOTE: There is no online registration for exhibitors.
The exhibitor application serves as your registration for this event.***





MEETING PROFILE

Exhibitor Set-Up:

Thursday evening, April 23
9 -10 p.m.

-OR-

Friday morning, April 24
6-7 a.m.

Exhibiting Hours:

Friday, April 24
*(All exhibitor hours fall on one day
for this year's event)*

Breakfast
7-8 a.m.

Dessert with Exhibitors
1:30-2 p.m.

Welcome Reception
5-6:30 p.m.

*Note: Annual Meeting physician
registration will be in the Exhibit
Hall.*

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,
attendee list after the meeting

Advertising Sponsor **\$2,000**

Basic exhibitor booth + half page ad in the program

Refreshment Break Sponsor **\$2,300**

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

Ice Cream Break Sponsor** **\$3,000 SOLD**

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

Mimosa Moment Sponsor** **\$3,500**

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

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

Basic exhibitor booth, half page ad in the program, special
sign recognition, social media "thank you" post prominently
displaying logo

SCMA Gala Elite (LIMIT TO 3) **\$5,000**

Includes all "Elite Sponsor" benefits + 2 Gala tickets

* All Sponsorship requests must be received **before March 1** for sign recognition and publication in the program.

** Ice cream and mimosa sponsorships limited to one

Past exhibitor list available upon request.

Please contact Rebecca Brannon at rbrannon@scmedical.org.

SPECIALTY SPONSORSHIP OPPORTUNITIES

(no booth)

Attendee Bag Insert Item and Company Name in Program	\$1,000
Sponsor will provide up to three (3) pages of marketing materials to insert into meeting bags provided to physician attendee. Please supply a quantity of 250 of each item. Items are sent to SCMA HQ two weeks prior to event and are subject to approval.	
Headshots	\$3,000 SOLD
Earn valuable one-on-one time with physician attendees while capturing professional headshots + half page advertisement in the program. Sponsor is responsible for hiring/paying photographer and providing photo backdrop. SCMA staff will provide additional scheduling details prior to the event.	
A/V Sponsor	\$3,000
Includes prominent sign recognition throughout 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.	
Gala 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.	

* Sponsorship for Lanyard and 360 Photobooth must be **finalized by Feb. 2** to provide time for customization.

EVENT SPONSORSHIP OPPORTUNITIES

(no booth)

SCMA Student, Resident, and Fellow Poster Competition	\$3,500
Includes sign recognition at event, recognition in program and attendance for two at poster competition.	
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
 Charleston Marriott
 170 Lockwood Blvd. | Charleston, SC
 Room reservations available in January 2026

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 6:00 a.m. on Friday. The exhibits will close at 6:30 p.m. on Friday at the conclusion of the Welcome Reception. Please make plans to keep your exhibit booth in place until then.

DISMANTLING TIME

INITIAL:

Booths shall be dismantled on Friday immediately after the Welcome Reception. 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 6:30 p.m. on Friday. 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.

EXHIBITOR REGISTRATION

INITIAL:

Registration for exhibitors will begin at 9-10 p.m. Thursday or 6-7 a.m. on Friday at the SCMA Registration Desk. Each representative of the exhibiting firm will receive an identifying badge. Exhibits must be in place by 7:00 a.m. on Friday.

CLEANING SERVICES

INITIAL:

The Charleston Marriott 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, 2026. 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 Charleston Marriott on Friday.

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 or Charleston Marriott.

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 the Welcome Reception. 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 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 1, 2026** to guarantee your exhibit booth. If your payment has not been **received by March 1, 2026**, 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:**

1. 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 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: _____



SCMA
SOUTH CAROLINA MEDICAL ASSOCIATION



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

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			

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? ☐ Yes ☐ No	If yes, indicate the prize donation to be listed on the raffle ticket:
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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. The exhibitor application serves as your registration for this event.

Sponsorships

Booth Sponsorships	Cost	Specialty Sponsorships	Cost
☐ Exhibitor (Basic Booth)	\$1,500	☐ Attendee Bag Insert Items	\$1,000
☐ Booth / Advertising Sponsor	\$2,000	☐ Headshots	\$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	☐ Gala 360 Photobooth Sponsor**	\$3,500
☐ Booth / Elite Sponsor	\$2,700		
☐ Booth / Gala Elite Sponsor	\$5,000	Event Sponsorships	Cost
		☐ Poster Competition	\$3,500
		☐ Gala Sponsor	\$10,000

All Sponsorship requests must be received before March 1 to receive sign recognition and publication in the program.

* Ice Cream and Mimosa sponsorships limited to one.

** Lanyard and 360 Photobooth sponsorships limited to one and **must be finalized by Feb. 7** to provide time for customization. SCMA will select vendors and sponsors will approve final artwork proofs.

Payment Options

☐ Check Enclosed Make payable to SCMA.	☐ Credit Card Complete Form Below.	If payment is not received by March 1, 2026 your registration will be cancelled and your location will be released.
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Credit Card Payment (Please Print)

Name on Card		Billing Address	
City	State	Zip	Phone Number
Credit Card Type: ☐ Visa ☐ Mastercard ☐ Amex		Total to Charge: \$	
Card Number	3-Digit Security Code	Expiration Date	
Signature			

Important Information

- **Payment must be received by March 1, 2026**
- 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 1, 2026.

Return Completed Contract & Application to:
South Carolina Medical Association, ATTN: Rebecca Brannon
via email at rbrannon@scmedical.org