SCMA
SOUTH CAROLINA MEDICAL ASSOCIATION

2027 Annual Meeting Exhibitor Prospectus

GREENville

Hyatt Regency Greenville
June 25-26, 2027








NOTE: There is no online registration for exhibitors.
The exhibitor application serves as your registration for this event.
Email completed application to Rebecca Brannon at rbrannon@scmedical.org



2027 SCMA Annual Meeting

June 25-26, 2027 | Hyatt Regency Greenville

Meeting Profile & Exhibitor Sponsorships

MEETING PROFILE

The SCMA Annual Meeting brings together physicians, physicians in training, and healthcare leaders for two days of education, inspiration, and networking.

2027 Meeting Dates: June 25-26, 2027

Location: Hyatt Regency Greenville

EXHIBITOR SETUP & EXHIBITING HOURS

To make the most of your time with us, all exhibit hours fall on one day, including three events held in the Exhibit Hall, designed to engage attendees with exhibitors.

EXHIBITOR SETUP

Thursday, June 24, 2027
3 - 5 p.m. in Exhibit Hall

EXHIBITING HOURS

Friday, June 25, 2027

Breakfast
8 - 9 a.m.

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

Welcome Reception
5 - 6:30 p.m.

Become the event sponsor!

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

EXHIBITOR SPONSORSHIPS

Maximize your visibility and impact by becoming a sponsor. These sponsorships include exhibit booth space:

SCMA EXHIBITOR (BASIC BOOTH) — $1,800

Includes 6 ft. exhibit table, chair, drape, company listing in the program, attendee list after meeting.

ADVERTISING SPONSOR — $2,300

Basic exhibitor booth + half page ad in program.

REFRESHMENT BREAK SPONSOR — $2,500

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

SCMA ELITE SPONSOR *(MOST POPULAR!)* — $2,700

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

ICE CREAM BREAK SPONSOR — $3,500

EXCLUSIVE / LIMITED TO ONE

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

SCMA GALA ELITE SPONSOR *(LIMIT TO 3)* — $5,000

2 TICKETS to the Presidential Innauguration and Gala Awards Dinner. Food, drinks, and fun included in addition to all "SCMA Elite Sponsor" benefits.

WELCOME RECEPTION SPONSOR — $5,000

EXCLUSIVE / LIMITED TO ONE

All attendees will be gathered in the Exhibit Hall for hors d'oeuvres and coctails. **You will take the mic for 5 minutes of remarks. All of this + "SCMA Elite Sponsor" benefits.**

SPONSORSHIP DEADLINE
All sponsorship requests must be received before **Friday, April 2, 2027** for sign recognition and publication in the program.

PAST EXHIBITOR LIST AVAILABLE UPON REQUEST
Please contact Rebecca Brannon at
rbrannon@scmedical.org

Specialty & Event Sponsorship Opportunities

Can't attend in person but still want a presence? We've got you covered!
These sponsorship opportunities DO NOT INCLUDE A BOOTH.



SPECIALTY SPONSORSHIPS

ATTENDEE BAG INSERT — $1,000

Sponsor will provide up to three (3) pages of marketing materials for meeting bags. QTY = 250. Supply two weeks prior to event. Subject to approval.

INSIDE FRONT -OR- INSIDE BACK COVER AD — $2,500

Promote your business prominently on the inside front cover or inside back cover of the event program.

A/V SPONSOR — $3,000

Includes prominent sign recognition throughout event (excluding CME educational programming) and recognition in program.

LANYARD SPONSOR — $3,000

Company name or logo prominently featured on attendee nametag lanyards + half page ad in program.

GALA 360 PHOTOBOOTH SPONSOR — $3,500

Exclusive branding on the 360 photobooth at the Gala, including the digital video overlay.

EVENT SPONSORSHIPS

STUDENT/RESIDENT/FELLOW POSTER COMPETITION — $3,500

Exclusive sponsorship of the popular poster competition includes sign recognition at event, recognition in program, and attendance for two representatives at the poster competition.

SATURDAY BREAKFAST SPONSOR — $3,500

Exclusive sponsorship of Saturday's breakfast includes sign near buffet, recognition in program, and a table set up near the buffet as prime placement for meeting and greeting physician attendees.

PAST PRESIDENT'S LUNCHEON — $5,000

Exclusive sponsorship of Friday's Past President's Luncheon includes sign recognition at event, half page ad in program, and and five minutes for welcome remarks.

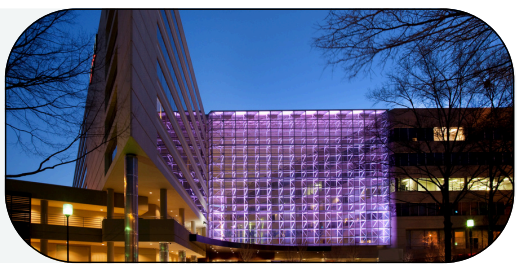
SCMA GALA SPONSOR — $10,000

Earn recognition as as the exclusive sponsor of our gala event, which includes sign recognition at event, full page ad in program, two tickets to attend, and five minutes for welcome remarks at the gala.

HOTEL & SHOW SERVICES

Hyatt Regency Greenville
220 North Main Street
Greenville, SC 29501

If exhibitors wish to ship your exhibit or materials, please contact the hotel directly at 864-235-1234.



SCMA
SOUTH CAROLINA MEDICAL ASSOCIATION

Exhibitor Contract

Rules & Regulations

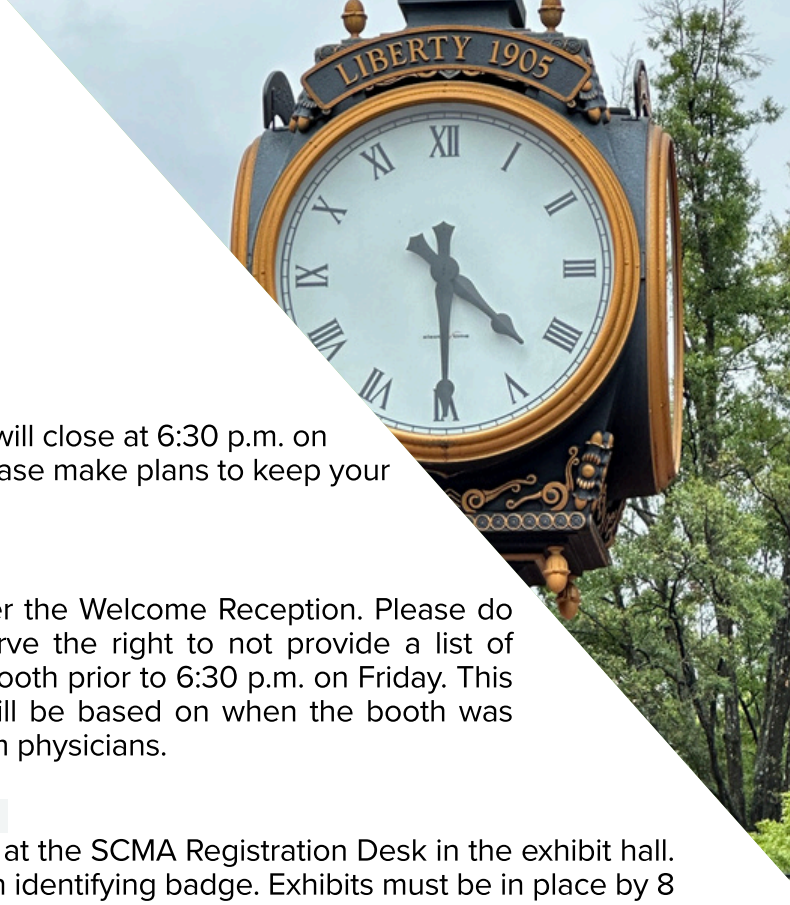


EXHIBIT HOURS **INITIAL:**
The Exhibit Hall will open at 8 a.m. Friday. The exhibits will close at 6:30 p.m. on Friday at the conclusion of the Welcome Reception. Please make plans to keep your exhibit booth in place until then.

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 3 p.m. Thursday at the SCMA Registration Desk in the exhibit hall. Each representative of the exhibiting firm will receive an identifying badge. Exhibits must be in place by 8 a.m. on Friday.

CLEANING SERVICES **INITIAL:**
The Greenville Hyatt Regency 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 April 2, 2027.

SHIPPING YOUR EXHIBIT **INITIAL:**
If you plan to ship your exhibit, contact the Hyatt Regency Greenville. They will store your exhibition materials and deliver them to the exhibit hall Thursday afternoon.

DECORATING SERVICES **INITIAL:**
Each booth comes with a standard 6’ exhibit table, drape, and 2 chairs. The exhibit hall is carpeted. Any additional decorating services can be arranged through the Hyatt Regency Greenville.

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. 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.

Exhibitor Contract
Rules & Regulations

SPACE ASSIGNMENT **INITIAL:**

The SCMA reserves the right to assign booth spaces. Space is assigned on a first-come, first served basis and applications are processed in the order they are received. You must complete the paper application (and submit via email to Rebecca Brannon) 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 April 2, 2027 to guarantee your exhibit booth. If your payment has not been received by April 2, 2027, 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. 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.

Signature & *Acceptance of Contract*

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.

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:

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)	$1,800	❑ Attendee Bag Insert Items	$1,000
❑ Booth / Advertising Sponsor	$2,300	❑ Inside Front -OR- Inside Back Cover Ad	$2,500
❑ Booth / Refreshment Break	$2,500	❑ A/V Sponsor	$3,000
❑ Booth / Elite Sponsor	$2,700	❑ Lanyard Sponsor**	$3,000
❑ Booth / Ice Cream Break*	$3,500	❑ Gala 360 Photobooth Sponsor**	$3,500
❑ Booth / Gala Elite Sponsor (Limit to 3)	$5,000	**Event Sponsorships**	**Cost**
❑ Booth / Welcome Reception Sponsor	$5,000	❑ Poster Competition*	$3,500
		❑ Saturday Breakfast*	$3,500
		❑ Past President's Luncheon*	$5,000
		❑ Gala Sponsor*	$10,000

All Sponsorship requests must be received before April 2 to receive sign recognition and publication in the program.
* Indicates Exclusive Sponsorships; ** Lanyard and 360 Photobooth sponsorships are exclusive and ***must be finalized by April 2*** to provide time for customization. SCMA will select item vendors and sponsors will approve final artwork proofs.

Payment Options

❑ Check Enclosed Make payable to SCMA.	❑ Credit Card* Complete Form Below. *3% processing fee	**If payment is not received by April 2, 2027 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 ❑ Amex		Total to Charge: $	(+ 3% processing fee)
Card Number		3-Digit Security Code	Expiration Date
Signature			

Important Information

- **Payment must be received by April 2, 2027**
- 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 April 2, 2027.

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

South Carolina Medical Association

2 Business name/disregarded entity name, if different from above.

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 ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) 501(c)6 Non Profit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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 . . . . . ☐

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)

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. See also *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** [signature] **Date** 9/9/2024

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