



South Carolina
Gastroenterology Association



SCMA
SOUTH CAROLINA MEDICAL ASSOCIATION

2024 Annual Meeting Exhibitor Prospectus

April 25-28, 2024
Hyatt Regency | Greenville, SC



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

MEETING PROFILE

Location:

Hyatt Regency
220 N. Main Street
Greenville, SC

Meeting Date:

Saturday, April 27, 2024

Exhibiting Hours
7:45 a.m. to 1 p.m.

Exhibitor Set-up
6:45 a.m. to 7:45 a.m.

OTHER SPONSORSHIP OPPORTUNITIES

The **South Carolina Medical Association (SCMA)** will hold their Annual Meeting on:

Thursday April 25-28
Hyatt Regency

For information about exhibiting or other sponsorship opportunities at the SCMA Annual Meeting, please contact:

Rebecca Brannon
803-798-6207 ext. 412
rbrannon@scmedical.org

EXHIBITOR SPONSORSHIPS

SCGA Exhibitor (Basic Booth) **\$1,500**
Includes 6' exhibit table, chair and drape, 2 exhibitor registrations, attendee list after the meeting.

Booth / Refreshment Sponsor **\$2,500**
Basic exhibitor booth + 1/4 page ad in the program, special sign recognition as a refreshment sponsor.

CORPORATE SPONSORSHIPS

Corporate Sponsorships **\$2,500-\$15,000**
All corporate sponsorships include an exhibit table, an advertisement in the meeting program, special sign recognition and online recognition. Additional company representatives may attend. Please refer to the attached Sponsorship-At-A-Glance grid for details of the deliverables based on levels of support. Corporate Sponsorships are limited and run for 12 months (April 1, 2024 through March 31, 2025).

RECEPTION SPONSOR *(no booth)*

Exclusive Sponsor of Event **\$5,000**
Includes sign recognition at event, recognition in program, and attendance for 2 during the reception (non sales).

HOTEL INFORMATION

Hyatt Regency
220 N. Main Street
Greenville, SC

Room Block Opens in January 2024

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

Booth locations will also be assigned on a first come, first serve basis with priority to corporate sponsors.



CORPORATE SPONSORSHIP PROGRAM

sponsorship at - a - glance

2024 SCGA SPONSORSHIP LEVELS		PLATINUM	GOLD	SILVER	BRONZE
MEETING RECOGNITION	INCLUDED DELIVERABLES:	\$15,000	\$7,500	\$5,000	\$2,500
	Recognition of Premier Sponsor by SCGA President at Annual Meeting	•			
	Recognition of Corporate Sponsor by SCGA President at Annual Meeting	•	•	•	•
	Recognition of Corporate Sponsor in SCGA Annual Meeting materials*	•	•	•	•
	Recognition of Corporate Sponsor in SCGA newsletter	•	•	•	•
	Exhibit Table at SCGA Annual Meeting	•	•	•	•
	Virtual Exhibit at SCGA Annual Meeting	•	•		
	Meetings with SCGA President or other Board Member	3	2	1	
	Invitation to speak at SCGA Annual Meeting**	•			
	Advertisement in Annual Meeting Program	full	half	half	quarter
	Limit of Sponsorships per category	2	3		
	Additional Company Representatives may attend the Annual Meeting	3	2	1	1
ONLINE RECOGNITION	SCGA CORPORATE SPONSOR PAGE				
	Company Name	•	•	•	•
	Company Logo and Hyperlink	•	•		
	Recognition of Premier Sponsor	•			
	SCGA HOMEPAGE				
	Company Logo and Hyperlink	•	•		
	Company Logo - Prominent	•			
	Company Logo - Standard		•		
	COMMUNICATIONS				
	Receive SCGA Newsletter for 1 year	•	•	•	•
	SPECIAL PROMOTIONS				
	Sponsor Spotlight***	•	•	•	

* Meeting materials includes special sign recognition

** Company representative allotted 5 minutes; no product promotion

*** Sponsor Spotlight: a special communication sent to all SCGA members showcasing your company

EXHIBITOR APPLICATION

Company Information			
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 SCGA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate the prize donation to be listed on the raffle ticket.	
Sponsorships			
Choose an Exhibitor Sponsorship:			
<input type="checkbox"/> SCGA Basic Booth		\$1,500	
<input type="checkbox"/> Booth / Refreshment Break		\$2,500	
<input type="checkbox"/> Reception Sponsor (Friday evening, April 26. Limited to one)		\$5,000	
<input type="checkbox"/> Bronze Corporate Sponsor		\$2,500	
<input type="checkbox"/> Silver Corporate Sponsor		\$5,000	
<input type="checkbox"/> Gold Corporate Sponsor		\$7,500	
<input type="checkbox"/> Platinum Corporate Sponsor		\$15,000	
		Total Due	\$
Payment Options			
<input type="checkbox"/> Check Enclosed Make payable to SCGA.	<input type="checkbox"/> Credit Card Complete Form Below.	If payment is not received by March 1, 2024 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			
<ul style="list-style-type: none">• Payment must be received by March 1, 2024• SCGA Tax ID: #57-1103614. A completed W-9 form is included for your information.• For recognition in the official program, please make sure your payment is received by March 1, 2024.• First come, first served with display space priority to corporate sponsors.		<p>Return Completed Contract & Application to:</p> <p>South Carolina Gastroenterology Association, ATTN: Shannon Johnson P.O. Box 216 Sullivan's Island, SC 29482 sjohnson@scgastroassn.com (843) 530-3482</p>	

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 (4 pages total) and exhibitor registration fee to confirm your booth.

RULES AND REGULATIONS

EXHIBIT HOURS

The Exhibit Hall will open at 7:45 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

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 12:30 p.m. on Saturday. This decision will be at the discretion of the SCGA 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 2:00 p.m.

EXHIBITOR REGISTRATION

Registration for exhibitors will begin at 6:45 a.m. on Saturday at the SCGA Registration Desk. Each representative of the exhibiting firm will receive an identifying badge. Exhibits must be in place by 7:45 a.m. on Saturday.

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.

SHIPPING YOUR EXHIBIT

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 Friday. 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

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

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

LOSS OR DAMAGES

The hotel and the South Carolina Gastroenterology Association (SCGA) 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.

DOOR PRIZES

The SCGA will draw for door prizes using the raffle tickets. We will announce the winners in our business meeting. Please keep the door prize in your booth for pick-up. Only list the door prize(s) you would like the SCGA to draw for on exhibitor application. Physicians must have exhibitors sign the ticket in their program to be eligible for the SCGA drawings.

SPACE ASSIGNMENT

The SCGA 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, with priority to corporate sponsors. 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 March 1, 2024** to guarantee your exhibit booth. If your payment has not been **received by March 1, 2024**, 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 Gastroenterology Association and mailed to: ATTN: Shannon Johnson, Annual Meeting at P.O. Box 216, Sullivans Island, SC 29482. We also accept credit card payments.

CANCELLATION

If for any reason you must cancel your contract, you must provide notice in writing to the SCGA. 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.

STANDARDS FOR EXHIBITING

- 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 SCGA 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 SCGA.
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. SUBLETTING WILL NOT BE PERMITTED. If for any reason you must cancel your contract, you must provide notice in writing to the SCGA. 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 SCGA, in accepting the application for space, agrees to furnish ordinary facilities and services as enumerated in this Contract.

Any point not covered above or elsewhere on these pages is subject to settlement by the SCGA. The SCGA 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 SCGA.

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: _____



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 Gastroenterology 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 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 checked="" type="checkbox"/> 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 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. P.O. Box 216	Requester's name and address (optional)
6 City, state, and ZIP code Sullivan's Island, SC 29482	
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. 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	-	1	1	0	3	6	1	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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>Shannon M. Johnson</i>	Date ► <i>1/14/2019</i>
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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.

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.