

The South Carolina Medical Group
Management Association

The South Carolina State Affiliate of the
Medical Group Management Association



***NOTE: Exhibitors who sign up before
March 1, 2018 will be included in a
Drawing to receive 1/2 price off of booth for 2019.**

CORPORATE MEMBERSHIP APPLICATION

2018

CORPORATE MEMBERSHIP PROGRAM

The South Carolina Medical Group Management Association (SCMGMA) is offering a membership package for 2018 that includes your annual exhibit space, membership in local chapters, or the opportunity to sponsor an event. Review the grid to compare the opportunities available with each level of sponsorship.

SCMGMA is affiliated with the Medical Group Management Association (MGMA), the nation's largest organization representing the interests of professional managers, and ranks in the top 10 of MGMA's largest state affiliates. MGMA provides the resources and educational opportunities necessary to enhance administrative skills and ensure continued professional growth.

MEMBERSHIP LEVELS AND BENEFITS

Platinum Member Package

\$10,000.00

Includes membership in all local chapters. Please list on the enclosed application your representative for each chapter. Provides sponsorship of the Medical Practice Executive of the Year Award or sponsorship of other events.

Gold Member Package

\$5,000.00

Includes membership in ten (8) local chapters. Please list on the enclosed application your representative for ten chapter choices. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 with your payment.)\

Silver Member Package

\$3,500.00

Includes membership in four (4) local chapters. Please list on the enclosed application your representative for four chapter choices. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 in your payment.

Bronze Member Package

\$2,000.00

Includes membership in two (2) local chapters. Please list on the enclosed application your representative for two chapter choices. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 in your payment.

<i>Corporate Member Benefits</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
State Level:				
Chapter Memberships included in state sponsorship	All	10	4	2
State Board Contact List	Yes	Yes	Yes	Yes
Annual SCMGMA Conference at discounted rate	2 Free Booths	2 Free Booths	1 Free Booth	1 Free Booth
Availability of Conference Exhibit Space Choice	1 st Option	2 nd Option	3 rd Option	4 th Option
SC MGMA Sponsor Logo to use on your publications	Yes	Yes	Yes	Yes
Number of staff included in each exhibit space (Additional fees apply for representatives above two)	2 per booth	2 per booth	2 per booth	2 per booth
Platinum, Gold, Bronze, Silver designation on booth	Yes	Yes	Yes	Yes
Free PowerPoint slide advertisement	2 Slides	2 Slides	2 Slides	Yes
Sponsorship designation ribbon on name badge	Yes	Yes	Yes	Yes
Corporate Company Logo and link on Home Page of Website	Yes	Yes		
Corporate Company Logo and Contact Information on website	Yes	Yes	Yes	Yes
Conference Attendee List	Yes	Yes	Yes	Yes
Quarterly email of Sponsor Ads to membership	Yes	Yes		
Chapter Level: (additional fees may apply to some chapter events)				
Attendance at Chapter Meetings. RSVP required. Fees may apply for more than one attendee.	Yes	Yes	Yes	Yes
Chapter Meeting Sponsorships (varies per chapter)	Yes	Yes	Yes	Yes
Participate on Select Committees (subject to chapter executive committee approval and bylaw compliance).	Yes	Yes	Yes	Yes

Alternate allowed at Chapter Meetings at No Extra Charge	Yes	Yes	Yes	Yes
Recruit members and bring to chapter meetings as non-member guests (<i>Appropriate guest fees and RSVP may apply</i>)	Yes	Yes	Yes	Yes
Participation in Chapter Affiliate Fairs or other chapter events	Yes	Yes	Yes	Yes
Contact information included in chapter directories if applicable	Yes	Yes	Yes	Yes
Individual profile page with login information on website	Yes	Yes	Yes	Yes

MISSION STATEMENT

The objectives of the South Carolina Medical Group Management Association (SCMGMA) are:

- to enhance the quality of medical care in South Carolina through the professional administration of healthcare practices;
- to encourage the effective and efficient management of healthcare delivery systems through professional development and the exchange of ideas within its membership; and to
- promote excellence in healthcare management by its commitment to training, continuing education, and the recognition of achievement and leadership of healthcare managers.

NATIONAL AFFILIATION

The SCMGMA is affiliated with the national organization, The Medical Group Management Association (MGMA). Through this affiliation, members receive information on legislation, human resources, value metrics, practice financial planning, and other issues affecting practice management. Members are able to obtain certification via the American College of Medical Practice Executives (ACMPE) through an intensive educational process. All SCMGMA programs are eligible for CE credit approval through the American College of Medical Practice Executives.

ANNUAL CONFERENCES

SCMGMA Annual Conference. SCMGMA will hold its annual conference August 29-August 31, 2018 at the Charleston Marriott, Charleston, South Carolina. Companies who join as corporate members will receive free exhibit space at the annual conference with priority booth selection based on level of sponsorship. Those participating in the conference are expected to comply with the guidelines set forth by the SCMGMA Conference Committee and Executive Board.

COMPONENT CHAPTERS OF THE SCMGMA

In order to get the best return on your investment, corporate sponsors are encouraged to be involved with the chapter membership of the SCMGMA. Corporate sponsors may participate on approved committees of the SCMGMA under the chairmanship of an active member. This will allow corporate members to build a strong professional relationship with the membership.

Currently, 13 chapters exist in the areas included below. On the application form, the company representatives should designate the chapters where they wish to participate. Corporate members may send an alternate to the meetings provided the chapter has been notified prior to the meeting. Note that some chapters may charge a fee for the luncheon or appropriate guest fees. This varies from chapter to chapter. All meeting attendees are expected to RSVP prior to the meetings. Below is a list of SCMGMA Chapters. Chapter contact information is located on the website at www.scmgma.com/chapters.

*Aiken Chapter
Charleston Chapter
Florence Chapter
Midlands Chapter
Sumter/Clarendon/Lee Chapter*

*Beaufort/Jasper Chapter
Coastal Chapter
Greenville Chapter
Spartanburg Chapter*



SOUTH CAROLINA MEDICAL GROUP MANAGEMENT ASSOCIATION

CORPORATE MEMBERSHIP APPLICATION

PROFESSIONAL INFORMATION

Please print or type.

Organization: _____

Your Organization's contact person:

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Website: _____

May we send SCMGMA/MGMA information to you through our list serve or via fax?

Yes No

PRODUCT DESCRIPTION

Provide a brief description of your products or services.

CORPORATE MEMBERSHIP LEVELS

Platinum Member Package **\$10,000.00**
Includes membership in all local chapters. Please list on the following page your representatives and their contact information for your chapter selections that will be provided to your local chapter choices.

Gold Member Package **\$5,000.00**
(Includes membership in 8 local chapters. Please list on the following page your representative for your chapter selections so that membership cards can be prepared. Membership cards will be required for admittance to chapter meetings. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 in your check.)

Silver Member Package **\$3,500.00**
(Includes membership in 4 local chapters. Please list on the following page your representative for your four selections so that membership cards can be prepared. Membership cards will be required for admittance to chapter meetings. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 in your check.)

Bronze Member Package **\$2,000.00**
(Includes membership in 2 local chapters. Please list on the following page your representative for your two selections so that membership cards can be prepared. Membership cards will be required for admittance to chapter meetings. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 in your check.)

Membership Fee: \$ _____

Additional Chapter Memberships # _____ @ \$150 each \$ _____

TOTAL AMOUNT DUE: \$ _____

Chapter choices: (Please check all that apply and complete representative name and contact information.)
*Please print clearly or type. Representatives may also update or create their profiles at www.sc-mgma.org.
Contact Selena Alexander at slinkya1951@gmail.com or Cindy Ott at cindyott63@gmail.com for login assistance.*

- Aiken: Representative Name: _____
Phone: _____ E-mail: _____
- Beaufort/Jasper: Representative Name: _____
Phone: _____ E-mail: _____
- Charleston: Representative Name: _____
Phone: _____ E-mail: _____
- Coastal: Representative Name: _____
Phone: _____ E-mail: _____
- Florence: Representative Name: _____
Phone: _____ E-mail: _____
- Greenville: Representative Name: _____
Phone: _____ E-mail: _____
- Midlands Representative Name: _____
Phone: _____ E-mail: _____
- Spartanburg: Representative Name: _____
Phone: _____ E-mail: _____
- Sumter/
Clarendon/Lee: Representative Name: _____
Phone: _____ E-mail: _____

**ALL CORPORATE MEMBERSHIPS ARE RENEWABLE JANUARY OF EACH YEAR.
SPONSORSHIP PAYMENTS MUST BE RECEIVED PRIOR TO EXHIBITING AT
ANNUAL CONFERENCE.**

Make payable to the SCMGMA and mail to:

Cindy South Ott, Executive Director

1195 St. Matthews Road, PMB 313

Orangeburg, SC 29115

Phone: (803) 387-7864 Email: cindyott63@gmail.com

Or pay online at www.scmgma.com and click on “join” or “renew”



CORPORATE MEMBER INVOICE
Tax identification number: 57-0947492

MAILING A CHECK: Make checks payable to **SCMGMA**

PAY ONLINE: At www.scmgma.com and click on "Join" or "Renew"

EMAILING CREDIT CARD INFORMATION: Send to our secure site at selenamgma@scmgma.com

Quantity	Description	Corporate Membership Dues Paid by 3/1/2018	Total Enclosed
1	Platinum Corporate Membership <i>--Includes two free booths at the annual conference, membership in all local chapters, and designation as host of special event sponsorship.</i>	\$10,000.00	
1	Gold Corporate Membership <i>--Includes free exhibit space at annual conference & 8 chapter memberships</i>	\$5,000.00	
1	Silver Corporate Membership <i>--Includes free exhibit space at annual conference & 4 chapter memberships</i>	\$3,500.00	
1	Bronze Corporate Membership <i>--Includes free exhibit space & 2 chapter memberships</i>	\$2,000.00	
	Additional Chapters <i>--Indicate chapter choices on enclosed application form</i>	\$150.00 per person/per chapter	
GRAND TOTAL			

Company Contact Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

___ Please initial this box if you are giving permission for us to provide your company representatives' phone, fax, and email addresses to the SCMGMA membership.

___ Enclosed is my check in the amount of _____. Make check payable to SCMGMA.

___ Please charge my credit card. The information is below.

Type of card: ___ American Express ___ Visa ___ MasterCard ___ Discover

Credit Card Number: _____

Expiration Date: _____ CID: _____

Name as it appears on card: _____

Signature of authorized representative: _____

EMAIL YOUR LOGO TO US FOR OUR WEBSITE TO
Cindyott63@gmail.com



EXHIBIT BOOTH INFORMATION

ALL AREAS MUST BE COMPLETED

Your Company's Contact Information

Contact Name: _____
 Company Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Email Address: _____
 Website Address: _____
 Brief Description of your product or service (30 words or less): _____

Booth Selection (Refer to the attached diagram)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
 Company You Wish Not To be Located Near: _____
 Special Requirements: _____
Electricity Required Yes No (Complete electrical request form and fax or email to the hotel)

Who Will Be Working Your Exhibit Booth?

***Please print all names clearly. Apply \$250.00 for each representative above two (2). Be sure to include all requested information as this will be provided to our attendees.**

1. Name: _____ Phone: _____
 Email: _____
 2. Name: _____ Phone: _____
 Email: _____
 3. **Add \$250.00** Name: _____
 Phone: _____
 Email: _____
 4. **Add \$250.00** Name: _____
 Phone: _____
 Email: _____