

The South Carolina Medical Group
Management Association

The South Carolina State Affiliate of the
Medical Group Management Association



CORPORATE MEMBERSHIP APPLICATION

2017

CORPORATE MEMBERSHIP PROGRAM

The South Carolina Medical Group Management Association (SCMGMA) is offering a membership package for 2017 that includes your annual exhibit space, membership in local chapters, the opportunity to sponsor an event, or provide a brief educational session during the conference. Also, review the grid to determine your 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

Gold Member Package

\$5,000.00

Includes membership in ten (10) 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>Gold</i>	<i>Silver</i>	<i>Bronze</i>
State Level:			
Chapter Memberships included in state sponsorship	10	4	2
State Board Contact List	Yes	Yes	Yes
Annual SCMGMA Conference at discounted rate	2 Free Booths	1 Free Booth	1 Free Booth
Availability of Conference Sponsorship Choice	1 st Option	2 nd Option	3 rd Option
SC MGMA Sponsor Logo to use on your publications	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
Gold, Bronze, Silver designation on booth	Yes	Yes	Yes
Free PowerPoint slide advertisement	Yes	Yes	Yes
Sponsorship designation ribbon on name badge	Yes	Yes	Yes
Corporate Company Logo and link on Home Page of Website	Yes		
Corporate Company Logo and Contact Information on website	Yes	Yes	Yes
Conference Attendee List	Yes	Yes	Yes
Quarterly email of Sponsor Ads to membership	Yes		
Chapter Level: (additional fees may apply to some chapter events)			
Attendance at Chapter Meetings. RSVP required. (additional fees may apply to additional representations accompanying you)	Yes	Yes	Yes
Chapter Meeting Sponsorships (additional chapter fee may apply)	Yes	Yes	Yes
Participate on Select Committees (subject to chapter executive committee approval and bylaw compliance).	Yes	Yes	Yes
Alternate allowed at Chapter Meetings at No Extra Charge	Yes	Yes	Yes
Recruit members and bring to chapter meetings as non-member guests (Appropriate guest fees and RSVP may apply)	Yes	Yes	Yes
Participation in Chapter Affiliate Fairs or other chapter events (additional fee may apply)	Yes	Yes	Yes
Contact information included in chapter directories if applicable	Yes	Yes	Yes
Profile page with login information on website	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 31-September 2, 2017 at the Charleston Marriott, Charleston, South Carolina. Companies who join as corporate members will receive free exhibit space at the annual conference according to their sponsorship level as indicated. 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.

Aiken Chapter
Beaufort/Jasper Chapter
Coastal Chapter
Florence Chapter
Lexington Chapter
Spartanburg Chapter
York/Lancaster/Chester Chapter

Anderson Chapter
Charleston Chapter
Columbia Chapter
Greenville Chapter
Orangeburg Chapter
Sumter/Clarendon/Lee Chapter



SOUTH CAROLINA MEDICAL GROUP MANAGEMENT ASSOCIATION

CORPORATE MEMBERSHIP APPLICATION

PROFESSIONAL INFORMATION

Please print or type.

Organization: _____

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

- Gold Member Package** **\$5,000.00**
(Includes membership in 10 local chapters. Please list on the following page your representative for your ten 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: \$ _____

Please send your checks made payable to the SCMGMA to:



**South Carolina Medical Group Management Association
CORPORATE MEMBER INVOICE**

Tax identification number: 57-0947492

Make checks payable to: South Carolina Medical Group Management Association, and mail to Cindy Ott, Executive Director at 1195 St. Matthews Road, PMB 313, Orangeburg SC 29115.

Quantity	Description	Corporate Membership Dues	Total Enclosed
1	Gold Corporate Membership <i>--Includes free exhibit space at annual conference & 10 chapter memberships</i>	\$5000.00	
1	Silver Corporate Membership <i>--Includes free exhibit space at annual conference & 4 chapter memberships</i>	\$3500.00	
1	Bronze Corporate Membership <i>--Includes free exhibit space & 2 chapter memberships</i>	\$2000.00	
	Additional Chapters <i>--Indicate chapter choices on enclosed application form</i>	\$150.00 per person/per chapter	
1	*If Paid After 3/1/2017 add: <i>3/1/17- 5/15/17 = \$100.00 5/16/17 - 7/15/17 = \$200.00 7/16/17 or later = \$300.00 (Based on date check written)</i>		
Total Enclosed			

Company Contact Name: _____
Company Name: _____
Address: _____
Phone: _____ **FAX:** _____ **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: _____

*Corporate individual members may "join" or "renew" online at www.scmgma.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 attached electrical request form)

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. Name: _____ Phone: _____
Email: _____
4. Name: _____ Phone: _____
Email: _____

Mark Your Calendar Now for the 2017 and 2018 Annual Conferences!

**When: August 30, 2017 – September 2, 2017
August 29, 2018 – September 1, 2018**

Where: The Charleston Marriott, 170 Lockwood Blvd., Charleston SC 29403