

The South Carolina Medical Group
Management Association

The South Carolina State Affiliate of the
Medical Group Management Association



CORPORATE MEMBERSHIP 2021

CORPORATE MEMBERSHIP PROGRAM

The South Carolina Medical Group Management Association (SCMGMA) is offering a membership package for 2021 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.

SCMGMA MISSION STATEMENT

To provide successful communication in healthcare through management and academics.

SCMGMA OBJECTIVES

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 known as 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 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.

MEMBERSHIP LEVELS AND BENEFITS

Platinum Member Package

\$10,000.00

Includes membership in all local chapters. Please list your representatives for your respective chapters. 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 six (6) local chapters. Please list your representatives for your respective chapter selections. 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 your representative for your respective chapter selections. 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 your representatives for your chapter selections. Additional chapter memberships are available at \$150.00 each. Please check any additional chapters and include the extra \$150.00 in your payment.

CORPORATE MEMBER BENEFITS

View the grid below to see the benefits offered by SCMGMA at each level.

<i>Corporate Member Benefits</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
Chapter Memberships included in state sponsorship	All	6	4	2
State Board Contact List	Yes	Yes	Yes	Yes
Annual Conference Exhibit Space	2 Spaces	2 Spaces	1 Space	1 Space
Introduce Keynote Speaker at Annual Conference	Yes			
Introduce Breakout Speaker at Annual Conference	Yes	Yes		
Exhibit Space Choice Option	First	Second	Third	Fourth
Use of SCMGMA Logo on your conference material using established MGMA guidelines. (SC MGMA reserves the right to review all documents prior to publication)	Yes	Yes	Yes	Yes
Number of staff included in exhibit space (Additional fees apply for those above allotted number)	4	4	2	2
Sponsorship level designated on booth	Yes	Yes	Yes	Yes
Sponsorship level designated on name badge	Yes	Yes	Yes	Yes
Corporate Company Logo and product description under Corporate Member tab at www.scmgma.com	Yes	Yes	Yes	Yes
Corporate Company Logo on Home Page of Website	Yes	Yes		
Membership lists of your selected chapters twice a year	Yes	Yes	Yes	Yes
Conference Attendee List	Yes	Yes	Yes	Yes
Quarterly email of Sponsor Ads to membership	Yes	Yes		
Courtesy e-blasts to membership of educational opportunities	Yes	Yes	Yes	Yes
<i>Chapter Level: (additional fees may apply to some chapter events)</i>				
Attendance at Chapter Meetings. RSVP required. Fees may apply for more than one attendee.	Yes	Yes	Yes	Yes
Chapter Meeting Sponsorships (<i>varies per chapter</i>)	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 at www.sc-mgma.org	Yes	Yes	Yes	Yes

ANNUAL CONFERENCE

SCMGMA will hold its 2021 annual conference with an “*The Roaring 2020s and Healthcare Trends*” theme. You may set up your exhibit after 12:00 p.m., Wednesday, August 25 and tear down after the Friday morning breakfast, August 27, 2021. This year’s event will be held at the Hilton Head Marriott Resort and Spa at Hilton Head Island, South Carolina. Hotel room block dates run from August 25 – August 27, 2021. Companies who join as corporate members will receive free exhibit space at the annual conference. Booth selection will be based on first come first serve basis. Those participating in the conference are expected to comply with the guidelines set forth by the SCMGMA.

There will be a decorating contest for exhibit space at the conference. We encourage you to decorate your exhibit space with *The Roaring 2020s* theme in mind. The exhibitor with the best-decorated exhibit space will receive \$500 off their space registration for 2022. Votes are cast by conference attendees on site.

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, seven chapters exist in the areas included below. On the application form, the company representatives should designate the chapter(s) 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. Corporate members may sponsor chapter meetings, lunches, or events in collaboration with the appropriate Chapter President. Chapter President contact information is located on the website at www.scmgma.com/chapters.

Aiken Chapter

Charleston Chapter

Florence Chapter

Midlands Chapter

Coastal Chapter

Greenville Chapter

Spartanburg Chapter

Visit www.scmgma.com and click on “Chapters” to view contact information for each chapter president. You may contact them to RSVP for a meeting or request to sponsor a meeting or event.





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
Gold Member Package \$5,000.00
Silver Member Package \$3,500.00
Bronze Member Package \$2,000.00

Membership Fee: \$ _____

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

Total Enclosed: \$ _____

Chapter choices: Please print clearly or type.

Check all that apply and provide representative name and contact information. Representatives may also update or create their profiles at www.sc-mgma.org. Contact Selena Alexander at slinkyal951@gmail.com or Cindy Ott at cindyott63@gmail.com for login assistance.

- Aiken: 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: _____

Corporate Membership is renewable annually by January 1st of each year and runs through December 31 of the calendar year. Membership must be paid prior to exhibiting at the annual conference. Those who paid their sponsorship in 2020 will not be rebilled for 2021 unless a refund was provided.

PAYMENT OPTIONS

Make check 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

Email your application with credit card information to our secure payment site:
scmgmaconfmembership@scmgma.com or

Pay Online with credit card or receive an invoice:

Pay online at www.scmgma.com
Click on “join” or “renew” and follow the prompts



INVOICE

Tax identification number: 57-0947492

Quantity	Description	Corporate Membership Dues	Total Enclosed
1	Platinum Corporate Membership <i>--Includes two free exhibit spaces at the annual conference, membership in all local chapters.</i>	\$10,000.00	
1	Gold Corporate Membership <i>--Includes two free exhibit spaces at the annual conference, membership is five local chapters.</i>	\$5,000.00	
1	Silver Corporate Membership <i>--Includes one free exhibit space at annual conference membership in four local chapters.</i>	\$3,500.00	
1	Bronze Corporate Membership <i>--Includes one free exhibit space and membership in two local chapters.</i>	\$2,000.00	
	Additional Chapters <i>--Indicate chapter choices on enclosed application form</i>	\$150.00 per person/per chapter	
	Virtual or In-Person Exhibit Space. Corporate member booths may be virtual or in person. However, if you wish to have both, add \$500.	\$500.00 For both virtual and in person booth.	
GRAND TOTAL			

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. I will email to the secure email site.

Type of card: ___ American Express ___ Visa ___ MasterCard ___ Discover
 Credit Card Number: _____
 Expiration Date: _____ CID: _____
 Name as it appears on card: _____
 Mailing Address Associated with Credit Card: _____
 City: _____ State: _____ Zip: _____
 Signature of authorized representative: _____
 Today's date: _____

Email credit card information to our secure site: scmgmaconfmembership@scmgma.com

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



EXHIBIT BOOTH INFORMATION

August 25-27, 2021

Hilton Head Marriott Resort and Spa

One Hotel Circle

Hilton Head Island SC 29928

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): _____

Exhibit Space Selection (Refer to the attached diagram)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Company You Wish Not to be located near: _____

Electricity Required Yes No (Complete electrical request form and fax or email to the hotel. This is the responsibility of the exhibiting company.)

Who Will Be Working Your Exhibit Space?

*Please print all names clearly. Bronze and silver sponsors add \$250.00 for each representative above two. Platinum and Gold add \$250 for each representative above four. Be sure to include all requested information so we may have correct name badges and contact information for our attendees.

1. Name: _____ Phone: _____
Email: _____
2. Name: _____ Phone: _____
Email: _____
3. Name: _____ Phone: _____
Email: _____
4. Name: _____ Phone: _____
Email: _____
5. Name: _____ Phone: _____
Email: _____
6. Name: _____ Phone: _____
Email: _____

*I have read the exhibitor guidelines. _____(sign or initial)