

*2<sup>nd</sup> Annual Conference*  
*on Quality, Patient Safety, and Value*  
*and*  
**2011 SDSMA Annual Meeting**  
**JUNE 9 & 10, 2011**

**EXHIBITOR REGISTRATION FORM**

**EXHIBIT SPACES**

- Please reserve one exhibit space for my organization (\$500)
- Please reserve two exhibit spaces for my organization (\$950)

*\* Payment prior to April 1st will receive \$50 discount per exhibit space.*

Registration forms must reach SDSMA by **May 9, 2011**, to be listed in the annual meeting program.

**SUPPORT OPPORTUNITIES**

- |                                   |         |   |
|-----------------------------------|---------|---|
| <input type="checkbox"/> Diamond  | \$5,000 | <input type="checkbox"/> Continental Breakfast – Thursday |
| <input type="checkbox"/> Platinum | \$2,500 | <input type="checkbox"/> Coffee Break - Thursday          |
| <input type="checkbox"/> Gold     | \$1,500 | <input type="checkbox"/> Lunch - Thursday                 |
| <input type="checkbox"/> Silver   | \$750   | <input type="checkbox"/> Continental Breakfast – Friday   |
|                                   |         | <input type="checkbox"/> Coffee Break – Friday            |
|                                   |         | <input type="checkbox"/> Annual Banquet Desserts – Friday |

Please Complete the Following Information:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Person(s) Staffing Your Display: \_\_\_\_\_  
\_\_\_\_\_

My organization will be giving away a door prize at the 2011 meeting: Yes \_\_\_ No \_\_\_

**Payment**

A check in the amount of \$ \_\_\_\_\_ is enclosed.

Please invoice our company \$ \_\_\_\_\_ for exhibit fees/support.

Make checks payable to **SDSMA** and mail to:  
**PO Box 7406, Sioux Falls, SD 57117-7406**  
Phone: 605.336.1965 Fax: 605.274.3274  
SDSMA Tax ID No. 46 021 3945

FOR OFFICE USE ONLY
Amount Rec'd:
Date Rec'd:

