SCAMSS
S. C. Association of Medical Staff Services

SCAMSS
Virtual
Fall Conferences
September 17, 2026
November 12, 2026

Conference Sponsor Form

Company Name: _____

Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Address: _____

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

Select Sponsorship Dates

☐ September 17, 2026	☐ November 12, 2026	☐ Both Dates

Select Sponsorship Level
(sponsorship is per virtual conference date)

☐ **Bronze Sponsor - $30.00**	*Logo recognition on promotional materials.*
☐ **Silver Sponsor - $50.00**	*Logo recognition on promotional materials & opportunity to provide a door prize.* ☐ **Will provide door prize**. Door Prize description: _____
☐ **Gold Sponsor - $100.00**	*Logo recognition on promotional materials, sponsor recognition during break, 5-minute presentation opportunity, opportunity to provide a door prize, and one complimentary registration.* ☐ **Will provide door prize**. Door Prize description: _____ Complimentary Registration Attendee Name: _____ Email: _____

Payment Method	☐ Check Enclosed payable to **SCAMSS**	☐ PayPal **@scarolinamss**

Return Completed Form To:

SCAMSS info@scarolinamss.com
Annette Pelfrey annette.pelfrey@prismahealth.org

Remit checks payable to SCAMSS: **Annette Pelfrey, SCAMSS Treasurer** 117 Tara Court Easley, SC 29642	***SCAMSS Use Only*** Amount Paid: _____ Date: _____ ☐ Check ☐ PayPal