

SCIDS Annual Conference and Summer Meeting

January 25, 2025 at the Hyatt in downtown Charleston, SC

June 28, 2025 at the Embassy Suites in downtown Greenville, SC

Attendee Name: (Please print clearly)			
Organization:			
Address:	City:	State:	Zip:
Phone:		Email:	

SPONSOR TIER	RATES
Gold - One exhibit table and registration for two representatives plus recognition/registration at both meetings. Gold sponsor also receives recognition on quarterly electronic newsletters.	\$5,000
Silver - One table and registration for one plus recognition/registration at both meetings.	\$4,000
Bronze - One table and registration for one at either January or June meeting. Please indicate below which meeting you will be participating in.	\$2,000

Winter Meeting
 Summer Meeting

TIER SELECTION: _____

PAYMENT INFORMATION: Total of \$_____

Check # _____ Payable to: **SCIDS or SC Infectious Diseases Society, 1215 Anthony Ave., Columbia, SC 29201.**

AMEX
 Mastercard
 Visa
 Credit Card Number _____

Cardholder Name _____

Credit Card Billing Address _____ City _____ State _____ Zip _____

Expiration _____ Security Code _____

Signature _____