

**SCIDS Annual Conference and Summer Meeting**

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

**June 21, 2025 at the Embassy Suites in downtown Greenville, SC**

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

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

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 \_\_\_\_\_