SCIDS Annual Winter and Summer Meeting

January 30, 2027 at the Hilton in downtown Columbia, SC

June 2027 (date and location TBD)

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 (Jan. 30, 2027 and June 2027) Gold sponsor also receives recognition in electronic newsletters.	**$5,000**
Silver- One table and registration for two representatives plus recognition/registration at both meetings (Jan.30, 2027 and June 2027)	**$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_____