



2026 SDVMA ANNUAL MEETING REGISTRATION

August 16-19, 2026

Best Western Ramkota Hotel and Conference Center, Sioux Falls, SD

<input type="checkbox"/>	Please reserve an exhibit space at the SDVMA Annual Meeting @ \$1,000.00. This includes registration, booth space, and meals for 2 company representatives	\$ _____
<input type="checkbox"/>	Please reserve a Premier Exhibit Space at the SDVMA Annual Meeting @ \$1,500.00. This includes registration, double booth space, and meals for 4 company representatives.....	\$ _____
	Do you need electricity? _____Yes _____No	
<input type="checkbox"/>	\$50.00 for each additional representative not included in exhibit space fee. Please list all representatives below	\$ _____
<input type="checkbox"/>	We will sponsor a lunch or dinner at the Annual Meeting. (Please contact the SDVMA office for specific details on these sponsorships)	\$ _____
<input type="checkbox"/>	We do not wish to exhibit, but will contribute toward refreshment breaks, etc.....	\$ _____
	TOTAL	\$ _____

Setup Time: Sunday, August 16th between 2:00 p.m. and 8:00 p.m. or **Monday, August 17th** between 7:00 and 9:30 a.m. Exhibit space includes a six-foot table and two chairs. Electricity will be available; please bring your own cord.

Exhibit time: Coffee and donuts will be available in the exhibit hall at 7:00 a.m. Monday morning. The first break is scheduled for 9:30 a.m. Monday morning. Exhibits may be taken down at 4:00 p.m. Tuesday afternoon. The Monday night social hour will be set up in the exhibit hall beginning at 5:30 p.m. to maximize interaction with your exhibit. The dinner buffet will follow at 6:30.

Exhibiting company personnel registration*:

Name _____
Home Address _____
City _____
State _____ Zip _____
Phone _____
Email _____

Name _____
Home Address _____
City _____
State _____ Zip _____
Phone _____
Email _____

*All company representatives must be registered. Please provide contact information for additional representatives on the back of this form. Additional meeting information will only be sent to registered representatives.

Company: _____
Contact person: _____
Address: _____
Phone: _____
Email: _____
Authorizing signature: _____

PLEASE REGISTER ON-LINE AT www.sdvmed.org OR RETURN THIS FORM WITH YOUR PAYMENT, BY JULY 1st

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