



South Carolina Society of Medical Assistants, INC

54th Annual Conference

March 12-15, 2026

Midlands Technical College Airport Campus
1260 Lexington Drive, Columbia, SC 29170

Registration Form (Include credentials, please)

See website for conference schedule and hotel recommendations www.scsma.org

Name with credential: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

AAMA member # or last four digits SS#: _____

Circle all that apply: Delegate, Alternate, Student, Educator, Member, First Conference.

If you are a student, please write in your school's name and instructor: _____

	AAMA Member Full Registration (inc meals)	\$ 160.00	
	Non-Member Full Registration (inc meals)	\$ 200.00	
	Student Full Registration	\$ 80.00	
	Additional Installation Dinner Tickets (Saturday Night)	\$ 25.00	
		Total Amount Enclosed	\$

Please list food allergies/restrictions: _____

Make checks payable to: **SCSMA.**

Refunds are subject to \$20.00 processing fee

No refunds after 03/01/2026

A return check fee of \$40.00 will be charged, and if not resolved within one (1) month, CEUs will be revoked.

Mail Registrations and Check **by March 1, 2026**, to: Ms. Stacey A. Campbell, 482 Regency Park Drive, Columbia, South Carolina, 29210-4061

Contact Info: **Stacey A. Campbell, BS, RMA, AHI, CMA (AAMA)** stcampbell@sec.edu Conference Chair or
Deborah White, CMA (AAMA) whitedeborah1426@gmail.com Conference Co-Chair