



## SOUTHERN PEDIATRIC NEUROLOGY SOCIETY EXHIBITOR AGREEMENT

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Exhibitor level desired:** \_\_\_\_\_

**Representatives attending:** \_\_\_\_\_

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### Exhibitor Levels:

<p><b>PLATINUM      \$4000.00</b></p> <p><a href="#">CC Payment</a> (click here)</p> <ul style="list-style-type: none"> <li>Sponsorship of breakfast, lunch, reception or dinner</li> <li>6 ft. display table will be provided onsite for each registered vendor</li> <li>Acknowledgement of sponsorship in provided materials and at the beginning of the morning and afternoon sessions</li> <li>Website mention</li> </ul>	<p><b>GOLD              \$3000.00</b></p> <p><a href="#">CC Payment</a> (click here)</p> <ul style="list-style-type: none"> <li>Sponsorship of Bodensteiner Presidential lecture or Dyken Scholarship lecture</li> <li>6 ft. display table will be provided onsite for each registered vendor</li> <li>Acknowledgment of sponsorship in provided materials at the beginning of the morning session and in the opening remarks for each specified lecture</li> <li>Website mention</li> </ul>
<p><b>BRONZE          \$2000.00</b></p> <p><a href="#">CC Payment</a> (click here)</p> <ul style="list-style-type: none"> <li>Exhibit Booth</li> <li>6 ft. display table will be provided onsite for each registered vendor</li> <li>Acknowledgement of exhibitor in provided materials</li> </ul>	<p><b>Mail Completed form to:</b>            1500 Cooper Street, 4<sup>th</sup> Floor Fort Worth, TX 76104            Or email: southernpedneuro@gmail.com            Make check payable to: Southern Pediatric Neurology Society            Credit card via GoDaddy Link            Direct Deposit Bank of America:            Routing number: 111000025            Account number: 488060590651            Wire transfer: 026009593</p>

