



**California Neurology Society**  
**Fall Conference 2024:**  
**NeuroRheumatology**  
**Oct. 31<sup>st</sup> to Nov. 3<sup>rd</sup>, 2024**  
**Margaritaville Palm Springs + ZOOM**  
[CaliforniaNeurologySociety.org](http://CaliforniaNeurologySociety.org)

**CNS Exhibitor Application**

*CNS is a 501c6, Federal tax ID#:94-3287838*

**COMPANY:** \_\_\_\_\_ Please Select One:

- Diamond \$15,000 (includes display table, signage and online recognition)**
- Platinum \$12,000 (includes display table, signage and online recognition)**
- Gold \$8,000 (includes display table, signage and online recognition)**
- Silver \$4,000 (includes display table, signage and online recognition)**
- or Per Day (\$1000/day) X #of days \_\_\_\_\_ = \$ \_\_\_\_\_ [\_\_\_\_\_]**
- Non-profit Organizations & Medical Societies \$500**

**On-site Exhibits with 6' tables, 2 chairs included.**

**{CONFERENCE OPTIONAL HOSTED PROGRAMS: See Separate Application}**

**PAYMENT BY CHECK, ACH OR CREDIT CARD:**

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ will be sent in the mail to the address below:

\_\_\_\_\_ Our company will request ACH information and will transfer the amount of \$ \_\_\_\_\_ .

\_\_\_\_\_ I will provide my credit card information. Please charge my card \$ \_\_\_\_\_ .

**2 representatives are allowed at the exhibit table at any given time, but you may rotate representatives.**

**Representatives: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3+: \_\_\_\_\_**

**SEND ALL PAGES INCLUDING PAYMENT INFORMATION TO:**

**Robyn Young, MD (CNS Treasurer): [Exhibits@CaliforniaNeurologyConferences.com](mailto:Exhibits@CaliforniaNeurologyConferences.com)**

**For Payment: MAIL CHECK TO: California Neurology Society c/o Robyn Young, MD  
985 Atlantic Ave., #300, Alameda, CA 94501**

**OR**

**CREDIT CARD: EMAIL FORM TO: [Exhibits@CaliforniaNeurologyConferences.com](mailto:Exhibits@CaliforniaNeurologyConferences.com)**

**OR FAX TO: # (510) 217-8869**

**OR**

**Request information for your company to make an ACH transfer**

# CALIFORNIA NEUROLOGY SOCIETY

a 501c6, Federal tax ID#:94-3287838

## EXHIBITOR AGREEMENT

Regarding the Terms and Conditions for a Commercial Exhibit

**Activity Title: CNS Fall Conference 2024: NeuroRheumatology Crossroads**

**Location: Margaritaville Palm Springs + ZOOM**

**Date: Oct. 31<sup>st</sup> to Nov. 3<sup>rd</sup>, 2024**

Agreement between: CALIFORNIA NEUROLOGY SOCIETY (CNS) and

Company (Exhibitor or Separate Program Host): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_


Email \_\_\_\_\_

### TERMS AND CONDITIONS

- COMPANY agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://www.accme.org) SCS4.2.
- "Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME."
- "Live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. CNS cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or in the place of the CME activity", during CME program time.
- COMPANY may distribute promotional materials at their exhibit space only. Distribution of pharmaceuticals or other samples is prohibited.
- All commercial support associated with this activity will be given with the full knowledge of CNS. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint sponsor, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectible by the ACTIVITY DATE unless otherwise agreed upon by CNS.
- CNS reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation. EXHIBIT Space and Separate Event Hosting slots are subject to availability and at CNS discretion.
- CNS agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements.
- CNS reserves the right to assign exhibit space or relocate exhibits at its discretion.
- CNS Federal Tax ID number is: 94-3287838.

### AGREED

Company Representative: _____	_____	_____
	Name	Signature

CNS Representative: <u>Robyn Young, MD, Treasurer</u>		1/30/2024
	Signature	Date

For more information or questions:

Robyn Young, MD # (510) 220-6649 / [Exhibits@CaliforniaNeurologyConferences.com](mailto:Exhibits@CaliforniaNeurologyConferences.com)

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## EXHIBITOR PAYMENT FORM

for a Commercial Exhibit

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COMPANY: \_\_\_\_\_

Representative: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT METHOD:

#### Check:

in the amount of \$ \_\_\_\_\_ sent in the mail (ALL 3 PAGES) to:

California Neurology Society  
985 Atlantic Ave., #300, Alameda, CA 94501

OR:

#### Credit Card:

Please charge my credit card \$ \_\_\_\_\_.

Credit Card:    Visa    Mastercard    American Express

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

Email (ALL 3 PAGES) to: [Exhibits@CaliforniaNeurologyConferences.com](mailto:Exhibits@CaliforniaNeurologyConferences.com)

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