



CNS Fall Conference: NeuroFest Colloquium 2022

San Diego Hilton Gaslamp + ZOOM

November 3rd to 6th, 2022

CaliforniaNeurologySociety.org

CALIFORNIA NEUROLOGY SOCIETY Hosted Program Application

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

Agreement between: CALIFORNIA NEUROLOGY SOCIETY (CNS) and COMPANY: _____

The Company designated above, who will be presenting a medically informational program, agrees to provide to the Host Society, the California Neurology Society, a fee of \$6,000 to offset the costs of hosting the program.

Responsibilities of CNS as the host:

- After the Company provides the information, CNS will list the lecture title and speaker on the agenda. The agenda will be published to the CNS website, emailed to attendees and prospective attendees, posted at the conference on site and on "Shellie", the online hub for conference information for all attendees, including for those attending on-site and for those attending on Zoom.
- Provide the room, set up and amenities for the program
- Provide conference food and beverage
- Provide A/V support
- Provide Zoom support for those attending remotely
- Provide complimentary conference registration for the speaker

Responsibilities of the Company:

- Provide an educational, scientific, or medically informational program, which may or may not be for CME.
- Provide the faculty and their speaker honoraria or any other accommodations for the company speaker

Other arrangements including for offsite programs are possible.

Copyright:

The Company will retain ownership and copyright of all materials produced, including, but not limited to, website material and domain names related to this program. Company does, however, grant CNS permission to use copyright materials for this activity to be delivered on the date of the program.

CALIFORNIA NEUROLOGY SOCIETY

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

FORM FOR A HOSTED EVENT DURING THE

**CNS FALL CONFERENCE
NEUROFEST COLLOQUIUM 2022**

San Diego Hilton Gaslamp + ZOOM

November 3rd to 6th, 2022

Activity Title: _____

Speaker and Title: _____

Date and Time Preference: _____

Topic Summary:

Company Providing Program: _____

Address: _____

Telephone: _____ **Fax:** _____ **Representative Email:** _____

Company Representative: _____

Name

Signature

Date

CNS Representative: Robyn Young, MD, Treasurer _____

Signature

Date

PAYMENT METHOD:

Check:

**in the amount of \$_____ sent in the mail to: California Neurology Society
985 Atlantic Ave., #300, Alameda, CA 94501 OR:**

Credit Card:

Charge my credit card \$_____ Credit Card: Visa Mastercard American Express

Name on Card: _____ Card #: _____

Exp. Date: _____ Security Code: _____ Billing Zip code: _____

Signature: _____

Email to: rgyoungmd.cns@gmail.com OR Fax to: # 510--217-8869

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

For more information or questions:

Robyn Young, MD # (510) 220-6649 rgyoungmd.cns@gmail.com

<http://CaliforniaNeurologySociety.org>