



California Neurology Society
Fall Conference 2024:
NeuroRheumatology Crossroads

Oct. 31st to Nov. 3rd, 2024

Margaritaville Palm Springs + ZOOM

CaliforniaNeurologySociety.org

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 \$7,500 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, and posted at the conference and online.
- 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

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

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FORM FOR A HOSTED EVENT DURING THE

Fall Conference 2024:

NeuroRheumatology Crossroads

Oct. 31st to Nov. 3rd, 2024

Hilton Santa Barbara Beachfront + ZOOM

Activity Title: _____

Speaker and Title: _____

Date and Time Preference: 1. _____ 2. _____

Topic Summary:

Company Providing Program: _____

Address: _____

Telephone: _____ Fax: _____ Representative Email: _____

Company Representative: _____

Name

Signature

Date

CNS Representative: Robyn Young, MD, Treasurer



1/30/2024

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: Exhibits@CaliforniaNeurologyConferences.com OR Fax to: # 510--217-8869

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For more information or questions:

Robyn Young, MD # (510) 220-6649 Exhibits@CaliforniaNeurologyConferences.com