CALIFORNIA NEUROLOGY SOCIETY
Exhibitor and Host Application

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

Each category below entitles the exhibitor to THREE days in the exhibit hall with a 6 foot table and 2 chairs. The exhibit hall will be open from 7-8am during registration and breakfast, the morning break, and the afternoon coffee break. We will also invite people to visit the exhibit hall during the lunch break. The higher categories of support will determine placement of your table. All tables are assigned based on the level of support.

COMPANY: __________________________________________

Please Select One:

☐ Diamond $10,000 (includes signage at the Exhibit Hall, all breaks and the President's Reception)

☐ Platinum $7,500 (includes signage at the Exhibit Hall and all breaks)

☐ Gold $5,000 (includes signage at the Exhibit Hall and coffee breaks)

☐ Silver $2,500 (includes signage at the Exhibit Hall)

☐ Non-profit Organizations & Medical Societies $500

☐ Regional Neurological Societies Shared Table $0

EXTRAS – all opportunities include recognition on signage, verbal acknowledgments at program, and website

☐ $500 – ATTENDEE WELCOME BASKETS (may include advertising material)

☐ $1,500 – BREAKFAST SIGNAGE all 3 days

☐ $500 - BREAKFAST SIGNAGE per day

☐ $750 – PRESIDENT RECEPTION SIGNAGE

☐ $2,500 + FOOD – HOSTED COMPANY LUNCH OR DINNER (LIMITED NUMBER AVAILABLE)
  o CME Company (concurrent Exhibit not required)
  o Commercial Company (concurrent Exhibit required)
  o Preference for Friday Lunch ___ ; Saturday Lunch ___ ; Thurs. Dinner ___ ; Friday Dinner ___ ;

PAYMENT BY CHECK OR CREDIT CARD - SEE SEPARATE PAGE:

_____ A check in the amount of $_______________ will be sent in the mail to the address below:

_____ I will provide my credit card information. Please charge my card $_____________.

Two representatives are allowed at the exhibit table at any given time.

Representative: #1: _______________________ Representative #2: _________________________

SEND ALL PAGES INCLUDING PAYMENT INFORMATION TO:
Robyn Young, MD (CNS Treasurer):
  FOR CHECK: MAIL TO: California Neurology Society c/o Robyn Young, MD
  985 Atlantic Ave., #300, Alameda, CA 94501

OR

  FOR CREDIT CARD: EMAIL TO: rgyoungmd.cns@gmail.com
  OR FAX TO: # (510) 217-8869
CALIFORNIA NEUROLOGY SOCIETY
EXHIBITOR AGREEMENT
Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Cutting-Edge Neurology for 2020
Location: Anaheim Hilton, Anaheim, California
Date: November 8th to 10th, 2019

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 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.”
• 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                    Date

CNS Representative: Robyn Young, MD, Treasurer   ___________________    ________
Signature                     Date

For more information or questions:
Robyn Young, MD # (510) 220-6649 rgyoungmd.cns@gmail.com
CALIFORNIA NEUROLOGY SOCIETY
EXHIBITOR PAYMENT FORM
for a Commercial Exhibit

Activity Title: Cutting-Edge Neurology for 2020
Location: Anaheim Hilton, Anaheim, California
Date: November 8th to 10th, 2019

COMPANY: __________________________________________
Representative: ________________________ Email: ____________________________

PAYMENT METHOD:

Check: in the amount of $_______________ sent in the mail (ALL 3 PAGES) to:
California Neurology Society  c/o Robyn Young, MD
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: rgyoungmd.cns@gmail.com
OR FAX (ALL 3 PAGES) to: # 510–217-8869

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