



NEUROLOGY UPDATE 2020
WITH FOCUS ON NEUROMUSCULAR
The Westin Pasadena
March 6th to 8th, 2020

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

CONFERENCE EVENT EXTRAS:

- PRESIDENT'S RECEPTION - SIGNAGE - \$750
- BREAKFAST - SIGNAGE all 3 days - \$1500
- BREAKFAST - SIGNAGE per day - \$600/day
- HOSTED COMPANY LUNCH OR DINNER (LIMITED NUMBER AVAILABLE) - \$2,500 (to CNS for use of CNS resources, advertising the lecture, inclusion of speaker & lecture in conference materials) + FOOD
 - CME Company (concurrent Exhibit not required)
 - Commercial Company (concurrent Exhibit required with Exhibit Fees as noted)
 - Preference for Friday Lunch __; Saturday Lunch __; Fri. Dinner __; Sat. 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: **Neurology Update 2020 with Focus on NeuroMuscular**
Location: The Westin, Pasadena, California
Date: March 6th to 8th, 2020

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: **Neurology Update 2020 with Focus on NeuroMuscular**
Location: The Westin, Pasadena, California
Date: March 6th to 8th, 2020

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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For more information or questions:

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