



CNS Spring Conference: Carmel-By-The-Sea Neurology 2023

Carmel Mission Inn + ZOOM
May 4th to 7th, 2023

CALIFORNIA NEUROLOGY SOCIETY Exhibitor Application

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

COMPANY: _____ Please Select One:

- Diamond \$12,000 (includes display table, signage, and 8 min. commercial option)**
- Platinum \$9,000 (includes display table, signage, and 6 min. commercial option)**
- Gold \$6,000 (includes display table, signage, and 4 min. commercial option)**
- Silver \$3,000 (includes display table, signage, and 2 min. commercial option)**
- 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 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 \$_____.

In order to maintain social distancing, 2 representatives are allowed at the exhibit table at any given time, but you may rotate representatives.

Representatives: #1: _____ #2: _____ #3+: _____

For Sponsors Online Listing: Contact: _____ Phone: _____ Email: _____

Company Website: _____

Do you plan to submit a commercial? _____ (send recording to rgyoungmd.cns@gmail.com)

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

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

EXHIBITOR AGREEMENT

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **CNS Spring Conference: Carmel-by-the-Sea Neurology 2023**

Location: **Carmel Mission Inn + ZOOM**

Date: **May 4th to 7th, 2023**

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", 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 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

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

EXHIBITOR PAYMENT FORM

for a Commercial Exhibit

Activity Title: **CNS Spring Conference: Carmel-by-the-Sea Neurology 2023**
Location: **Carmel Mission Inn + ZOOM**
Date: **May 4th to 7th, 2023**

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: rgyoungmd.cns@gmail.com
OR FAX (ALL 3 PAGES) 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