

CALIFORNIA NEUROLOGY SOCIETY

Exhibitor Application

Fall Conference 2025: NEUROIMMUNOLOGY AND BEYOND

November 6th to 9th, 2025 The DoubleTree by Hilton Berkeley Marina + Via Zoom

All sponsorship levels include:

- 6-foot display table with two chairs
- Onsite signage with company logo
- Online recognition with company logo
- Ability to audit any conference lecture

Higher levels of exhibitor sponsorship receive:

- Preferential choice of table in the Exhibitor's Room
- Increased logo & name prominence on onsite signage
- Increased logo & name prominence on our website, plus links
- Additional display tables (Diamond 3 total, Platinum 2 total)

All lectures livestreamed to Exhibitor's Room - Saturday dinner tickets (Diamond - 3, Platinum - 2, Gold - 1)						
COMPANY NAME:						
Please select your Exhibitor sponsorship level:						
Diamond \$15,000						
Per day:Thursday (\$1000)Friday (\$2000)Saturday (\$2000)Sunday (\$1000) ☐ Non-profit or Medical Society \$500						
Would you like to host	a program?	You will receive a	50% discount on a	weekend Exhibitor	package.	
□ Dinner/Lunch	\$7,500	(If your company would like to host a program during a meal slot, please also fill out and return the separate Hosted Program application form. Hosting companies can discount their exhibit fee by 50%).				
□ Breakfast	\$5,000					
Please add up the total cost of your sponsorship:						
Exhibitor sponsorship () + Hosted program () = \$(Divide price by 2 if hosting a program) (If applicable) (Total)						
Who is the point of contact for this sponsorship?						
Full Name:			Job title:			
Email:	Email: C			Cell phone:		
Who will attend on site Only two (2) representatives a	re allowed at the	e exhibit table at any gi	ven time, but you may i	rotate representatives.		
Representative #1:	Representative #1:#2:					
#3:	3:#4:					
☐ A check in the	e amount of	\$will be s	sent in the mail to	CNS Event portal. the address below d transfer the amo	w .	

CALIFORNIA NEUROLOGY SOCIETY Exhibitor Agreement

Terms and Conditions for a Commercial Exhibit

Activity Title: CNS Fall Conference 2025: *NEUROIMMUNOLOGY AND BEYOND*Location: The DoubleTree by Hilton Berkeley Marina, Berkeley, CA + via ZOOM

Date: November 6th to 9th. 2025

An agreement betwee	on the CALIFORNIA NELID	OLOGY SOCIETY (CNS)	
	en the CALIFORNIA NEUR e., #300, Alameda, CA 945	01 // Ph: 510-220-6649 Fax:	: 510-217-8869
And COMPANY (Exh	ibitor or Separate Program l	Host):	
Address:			
Telephone:	Fax:	Email:	
TERMS AND COND	ITIONS:		
•	-	mercial Support as stated at www.a	•
· •		ent of any type is prohibited in or d	<u> </u>
	•	me products or subjects must be av	•
	•	nents) promotional activities must b naterials cannot be displayed or dis	• •
	•	nnot allow representatives of Comn	•
•	•	he CME activity", during CME progr	5 5
•	•	hibit space only Distribution of pha	

- 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 Robyn G, Young, MD 6/10/2025 Name Signature Date

TO SUBMIT THIS FORM:

- Option #1: Fill out this form online at the CNS Event Portal via: CANeurologySociety.org
- Option #2: Email form to Exhibits@CaliforniaNeurologyConferences.com
- Option #3: Fax form to # (510) 217-8869
- Option #4: Send form to the CNS mailing address below:
 - California Neurology Society, 985 Atlantic Ave. #300, Alameda, CA 94501

For more information email: <u>Exhibits@CaliforniaNeurologyConferences.com</u> (ATT: Mary Seerveld) or contact the CNS treasurer Robyn Young, MD # (510) 220-6649

or