



CALIFORNIA NEUROLOGY SOCIETY

Hosted Program Application

Fall Conference 2025:

NEUROIMMUNOLOGY AND BEYOND

November 6th to 9th, 2025

The DoubleTree by Hilton Berkeley Marina + Via Zoom

An 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, California Neurology Society, a fee of (☐\$5,000 / ☐\$7,500) to offset the costs of hosting the program.

Responsibilities of CNS as the conference 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.
- If offering CME, provide an accessible method for attendees to receive CME credit in a timely fashion.

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. The Company does, however, grant CNS permission to use copyright materials for this activity to be delivered on the date of the program.

Program Details:

Proposed Program Title: _____

Proposed Program Speaker: _____

Date and Time Preference: #1: _____ #2: _____

Topic Summary:

Company Details:

Company Address: _____

Telephone: _____ Fax: _____

Email: _____

AGREED

Company Representative: _____

	Name	Signature	Date
CNS Representative:	<u>Robyn Young, MD, Treasurer</u>	<u>Robyn G. Young, MD</u>	<u>6/10/2025</u>
	Name	Signature	Date

PAYMENT METHOD:

- ☐ We have already paid \$_____ with our sponsorship application.
- ☐ We will pay \$_____ by credit card, plus card fees, via the CNS Event portal.
- ☐ A check in the amount of \$_____ will be sent in the mail to the address below.
- ☐ Our company will request ACH information and will transfer the amount of \$_____.

TO SUBMIT THIS FORM:

- **Option #1:** Fill out this form online at the CNS Event Portal via: [CANeurologySociety.org](https://www.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: Exhibits@CaliforniaNeurologyConferences.com (ATT: Mary Seerveld)
 or contact the CNS treasurer Robyn Young, MD # (510) 220-6649