



CNS is a 501(c)6 organization. Federal Tax ID#94-3287838

CALIFORNIA NEUROLOGY SOCIETY

Exhibitor Agreement

Terms and Conditions for a Commercial Exhibit

Activity Title: CNS Fall Conference 2025: **NEUROIMMUNOLOGY AND BEYOND II**

Location: **The Laguna Cliffs Hotel at Dana Point, CA and on Zoom**

Date: March 20th to 22nd, 2026

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
- All lectures livestreamed to Exhibitor's Room

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
- Additional display tables (Diamond - 3 total, Platinum - 2 total)
- Saturday dinner tickets (Diamond - 3, Platinum - 2, Gold - 1)

An agreement between the **CALIFORNIA NEUROLOGY SOCIETY (CNS)**

985 Atlantic Ave., #300, Alameda, CA 94501 // Ph: 510-220-6649 Fax: 510-217-8869

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 EXHIBITORS 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 EXHIBITORS 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. CNS is a Non-profit 501(c)(6)

AGREED:

Company Representative: _____

CNS Representative: Robyn Young, MD, Treasurer
Name

Signature
Robyn G. Young, MD
Signature

Date
12/12/2026
Date

CALIFORNIA NEUROLOGY SOCIETY

Hosted Program Agreement

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 beverages.
- 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>12/12/2026</u>
	Name	Signature	Date

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) California Neurology Society	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Non-Profit 501c6 Medical Society	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 985 Atlantic Ave., #300	Requester's name and address (optional)
6 City, state, and ZIP code Alameda, CA 94501		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
9	4	-	3	2	8	7	8	3	8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person Robyn G. Young, MD	Date 01/10/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they