



OFFICERS

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LETTER OF REQUEST:

The Alabama Academy of Neurology requests your support by exhibiting your products/services at our Annual Conference where members gather for continuing medical education. You may also sponsor an event, such as breakfast, breaks and lunch. This year's conference is **August 12, 2017, at the Embassy Suites Montgomery**, located at 300 Tallapoosa Street, Montgomery, AL 36104. Rooms may be reserved by calling (334) 269-5055 with Group Code AAN. The room block rate is \$129 and will expire on July 21.

Your support allows us to continue with our educational offerings to our members and attendees. I hope this will encourage you to participate in the various sponsorships our conference needs.

The \$1,200 exhibitor registration fee includes up to two representatives, a display table, two chairs and a wastebasket. Company representatives are also encouraged to attend all meals and scheduled times with attendees.

Please let me know if you need additional information. We understand that submission of this letter does not constitute a commitment for your company to support this activity. We greatly appreciate your support for our activity.

Send reservation form and payment to:

Alabama Academy of Neurology
19 S. Jackson Street
Montgomery, AL 36104

Sincerely,

Jennifer Hayes
Executive Director



ALABAMA
ACADEMY OF
NEUROLOGY

2017 Exhibitor Opportunities

**Annual Conference
Embassy Suites, Montgomery
August 12, 2017**

AAN
19 S. Jackson Street
Montgomery, Ala. 36104
(334) 954-2500 | Fax
(334) 269-5200
www.alneurology.com

About AAN...

The Alabama Academy of Neurology is the professional association representing neurologists in Alabama.

AAN is dedicated to:

- ▶ Supporting the highest standards of excellence in the practice of neurology
- ▶ Improving patient access to quality neurological care;
- ▶ Advancing the profession of neurology by supporting principals, policies and practices that seek to improve patient care, and
- ▶ Supporting education and advocacy for our profession, our patients and their families.

The association's members gather for continuing medical education at an Annual Conference. During the conferences, companies may exhibit and/or sponsor events, such as breaks, lunch and receptions.

We encourage the participation of our corporate partners to allow our members to learn more about your products and services, and give you an opportunity to introduce new items into the Alabama market.

If you have questions regarding the Exhibit Hall, please contact **Jennifer Hayes** at (334) 954-2513 or by e-mail at jbhayes@alamedical.org.

Exhibitor Guidelines...

Meeting Date and Location

Annual Conference – August 12, 2017

Embassy Suites, Montgomery

Make hotel reservations by calling (334) 269-5055. The rate is \$129. The deadline to reserve a room is July 21.

Exhibit Set Up and Break Down

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. Set up times for the conference will be announced prior to the event.

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. **Please indicate on the reservation form if you need access to electrical or Internet service.** We are happy to fulfill requests if we are able.

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your completed registration form and payment must be received no later than July 12, 2017.

Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to **two representatives**, display time, meals and receptions. Please update AAN staff as soon as possible if your attendee changes. Additional representatives are welcome for an additional fee of \$250 per representative.

Concurrent Events

No exhibitor may hold any event at the same time as any AAN-sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events (on-site or off-site) during "free" times.

Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, AAN staff will make every effort to place companies next to each other in the exhibit hall.

Shipping Booth and Exhibit Materials

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. Prior to the meeting, AAN staff will send shipping and dryage information to all confirmed exhibitors. *AAN staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility. AAN is not responsible for shipping charges.*

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. AAN will not be responsible for anything left in the Exhibit Hall at the end of the day.

Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a "No show" and the company will not receive a refund.

Suitcasing Policy

Suitcasing is the action of soliciting business during the AAN conference, including another company's booth or the conference facility lobby. Please note that while all meeting attendees are invited to the Exhibit Hall, any person(s) who **HAVE NOT** paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

2017 AAN Exhibitor Registration Form (page 1)

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: _____

Company Contact: _____ E-mail _____ Business Type: _____

Primary Phone: Office Cell _____ Alternate Phone: Office Cell _____ Fax: _____

Company Address: _____

City/State/Zip: _____

EXHIBITOR OPPORTUNITIES

Registration deadline for the Conference (Aug. 12, 2017) is July 7, 2017 \$1,200

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

Additional representatives are welcome for \$250 each.

Third Attending Rep's Name _____ E-mail _____ \$250

Fourth Attending Rep's Name _____ E-mail _____ \$250

SPONSORSHIP OPPORTUNITIES

Expand your brand outside the exhibit hall by sponsoring any of the following events:

Welcome Reception \$1,000 Breakfast \$500 Lunch \$500 Break \$250

Grand Total Due (Exhibit Fee and Sponsorships) \$ _____

See payment information on next page.

Exhibit space allows for a 6-foot table and two chairs.

Check here if you need additional space for a large display or equipment. Our staff will contact you for details.

Will you need electricity? Yes No Will you need Internet? Yes No

Will you donate a door prize? Yes No

List competitors not to be located near. _____

ACCOMMODATIONS

Call the Montgomery Embassy Suites at (334) 269-5055 to reserve a room for Friday, Aug. 11. Mention you are attending the AAN Conference. The room block expires July 21.

2017 AAN Exhibitor Registration Form (page 2)

Company Name _____

METHOD OF PAYMENT

VISA MasterCard American Express Check made payable to AAN

Cardholder Name: _____

Billing Address: _____

City, State, ZIP: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Amount: \$ _____ Billing Zip Code: _____

Your signature acknowledges your understanding that exhibitor assumes all responsibilities that may arise from the exhibitor's negligence or willful misconduct and agrees to protect against all claims, losses and damages to persons or property caused by exhibitor; and guarantees payment in full as indicated on this form. AAN and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property, except to the degree of negligence or willful misconduct of AAN and the Medical Association of the State of Alabama . AAN reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: _____ Date: _____

INSTRUCTIONS

Return signed form (**both pages**) with your payment to Jennifer Hayes, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to jhayes@alamedical.org and note that payment will follow under a separate cover.

AAN Tax ID#: 63-1156846

For office use only.



EXHIBITOR AGREEMENT

Title of CME Activity _____
Location _____ Date _____
Company Name _____
Contact Person _____
Person (s) Exhibiting _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Exhibit Space Fee \$ _____

TERMS AND CONDITIONS

As an accredited provider of continuing medical education, the University of Alabama School of Medicine must ensure the separation of educational activities from promotional activities. Continuing medical education is for scientific and educational purposes only and will not promote any products or services, directly or indirectly.

The exhibitor agrees to adhere to the ACCME Standards for Commercial Support of Continuing Medical Education (SCS) and guidelines, where applicable, from AMA, ACPE, ANCC, PhRMA, and other relevant entities.

1. SCS 3.9: No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
2. SCS 3.11: Social events or meals at CME activities cannot compete with or take precedence over the educational events.
3. SCS 4.1: Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.
4. SCS 4.2: 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 products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
5. Promotional material cannot be displayed or distributed in the educational space immediately before, during or after a CME activity.
6. Exhibitors may not engage in sales or promotional activities while in the space or place of the CME activity.

AGREED BY EXHIBITOR/VENDOR

Signature

Print Name

Date

Title

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Alabama Academy of Neurology	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 19 S Jackson Street	Requester's name and address (optional)
6 City, state, and ZIP code Montgomery, AL 36104	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
6	3		-	1	1	5	6	8	4	6

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 2/12/17
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.