

OFFICERS

Letter of request:

President Amit Arora, MD

Board Members David Standaert, MD, PhD

Jim Strong, MD

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 18, 2018**, **at the Hyatt Regency Birmingham**, **the Wynfrey Hotel**, located at 1000 Riverchase Galleria, Birmingham, AL 35244. Rooms may be reserved by calling (800) 233-1234 and mention the Alabama Academy of Neurology 2018 Conference. Rates in the room block begin at \$117 per night. The room block will expire on July 27.

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. **Expand your brand outside the exhibit hall by sponsoring an event or item with your company logo!** All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis. See the Exhibitor Registration form for details.

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,

U. Smith

Jill Smith Exhibit Coordinator



2018 Exhibitor Opportunities

Annual Conference Hyatt Regency Birmingham, The Wynfrey Hotel August 18, 2018

> 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 **Jill Smith** at at (334) 596-0663 or by e-mail at *jsmith@alamedical.org*.

Exhibitor Guidelines...

Meeting Date and Location

Annual Conference – August 18, 2018 Hyatt Regency Birmingham, The Wynfrey Hotel

Make hotel reservations by calling (800) 233-1234 and mention the Alabama Academy of Neurology 2018 Conference. Rates in the room block begin at \$117 per night. The room block will expire on July 27.

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 AANsponsored 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, and who promotes the same product, 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 who HAS 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.

2018 AAN Exhibitor Registration Form (page 1)

COMPANY INFORMATION PLEASE PRINT CLEARLY

Exhibiting Company Name to appear on pr	omotions:	
Company Contact: Office Cell	E-mail Office Cell	Business Type:
Primary Phone:		Fax:
Company Address:		
City/State/Zip:		
EXHIBITOR OPPORTUNITIES		
Registration deadline for the Conference (A	ug. 18, 2018) is July 20, 2018	
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 an event or item with your company logo! All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis.

Breakfast with Exhibitors	🖬 \$	500
Morning Break	🖬 \$	250
Lunch	🖬 \$	500
Afternoon Break	🖬 \$	250
NEW Program Jump Drives with company logo	🖬 \$ ´	1,000
NEW Conference Attendee Bags with company logo	🖬 \$ 2	2,000
Grand Total Due (Exhibit Fee and Sponsorships)	\$	
See payment i	nformation on next	page.

EXHIBIT PLACEMENT

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 🖵 N	0
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Will you need Internet? 🛛 Yes 🗅 No

List competitors not to be located near. _

2018 AAN Exhibitor Registration Form (page 2)

Company Name _

METHOD OF PAYMENT

UVISA	MasterCard	American Express	Check made payable	to AAN
Cardhol	der Name:			
Billing Ac	dress:			
City, Sta	te, ZIP:			
Card Nu	mber:	E>	xp. Date:	Security Code:
Signatur	e:	A	mount: \$	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 Jill Smith, 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 *jsmith@alamedical.org* and note that payment will follow under a separate cover.

AAN Tax ID#: 63-1156846

For office use only.

	Name (as shown on your income tax return)			
e S	Alabama Academy of Neurology			
page	Business name, if different from above			
ou b				
	Check appropriate box: Individual/Sole proprietor		F irmer	
Print or type Specific Instructions	Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) >		Exempt payee	
ruc	○ Other (see instructions) ►			
Inst	Address (number, street, and apt. or suite no.)	Requester's name and a		
Fic P	19 S Jackson Street			
ecit	City, state, and ZIP code			
	Montgomery, Alabama 36104			
See	List account number(s) here (optional)			
0)				
Part	Taxpayer Identification Number (TIN)			
_	usur TIN in the appropriate box. The TIN provided must match the name given on Line 1	to avoid Social secu	rity number	

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 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.

Social security number

1156846

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

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).

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, acuitification 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. Seture distructions on page 4.

Sign	Signature of	
Here	U.S. person 🕨	

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

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• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

· An estate (other than a foreign estate), or

Date >

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,