



## OFFICERS

### President

Amit Arora, MD

### Board Members

David Standaert, MD, PhD

Jim Strong, MD

## 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 27, 2022, at the Grand Bohemian Mountain Brook, Autograph Collection**, located at 2655 Lane Park Road, Birmingham, AL 35223. Rooms may be reserved by calling (844) 284-3680 and asking for the AAN Annual Meeting 2022 room block. The discounted room block rate is \$309 per night.

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 \$1,500 exhibitor registration fee includes up to two representatives, a display table, two chairs and a wastebasket.

### **Expand your brand outside the exhibit hall by sponsoring an event!**

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:

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

Sincerely,

Meghan Martin  
Executive Director, AAN



# **2022 Exhibitor Opportunities**

**Annual Conference  
Grand Bohemian Hotel Mountain Brook, Autograph Collection  
August 27, 2022**

**AAN  
19 S. Jackson Street  
Montgomery, Ala. 36104  
(334) 954-2500 | Fax  
(334) 269-5200  
[www.alneurology.com](http://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 **Erich Burbage** at (334) 954-2515 or by e-mail at [eburbage@alamedical.org](mailto:eburbage@alamedical.org).

## Exhibitor Guidelines

### Meeting Date and Location

**Annual Conference – August 27, 2022**

**Grand Bohemian Hotel Mountain Brook**

**2655 Lane Park Rd, Mountain Brook, AL 35223**

Make hotel reservations by calling (844) 284-3680 and asking for the AAN Annual Meeting 2022 room block. The discounted room block rate is \$309 per night.

### 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 and take down times, agenda and shipping information will be sent one month prior to the meeting dates.

### 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. We are happy to fulfill requests if we are able. Please indicate on the reservation form if you need access to electrical or Internet service. If you have questions regarding the exhibit hall, please contact Erich Burbage at (334) 954-2515 or by e-mail at [eburbage@alamedical.org](mailto:eburbage@alamedical.org).

### 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 two weeks prior to the conference date.

### Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to **two representatives**, display time, meals and receptions. Please update us 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 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.

### Attendee List

ACCME requires that attendees "opt in" to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

# 2022 AAN Exhibitor Registration Form (page 1)

## COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: \_\_\_\_\_

Company Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone: ☐ Office ☐ Cell \_\_\_\_\_ Business Type: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## EXHIBITOR OPPORTUNITIES

**Registration deadline for the Conference (Aug. 27, 2022) is July 28, 2022** ..... ☐ \$1,500

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!**

**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

**Grand Total Due (Exhibit Fee and Sponsorships)** ..... \$ \_\_\_\_\_

*See payment information 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 ☐ No Will you need Internet? ☐ Yes ☐ No

List competitors not to be located near. \_\_\_\_\_

## ACCOMMODATIONS

Make hotel reservations at the Grand Bohemian Hotel Mountain Brook by calling (844) 284-3680 and asking for the AAN Annual Meeting 2022 room block. The discounted room block rate is \$309 per night .

# 2022 AAN Exhibitor Registration Form (page 2)

Company Name \_\_\_\_\_

## METHOD OF PAYMENT

☐ VISA   ☐ MasterCard   ☐ American Express   ☐ Check made payable to AAN

Name on Card: \_\_\_\_\_ E-mail address for receipt: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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 Erich Burbage, 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 [eburbage@alamedical.org](mailto:eburbage@alamedical.org) and note that payment will follow under a separate cover.

**AAN Tax ID#: 63-1156846**

For office use only.

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# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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 of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

19 South Jackson Street

6 City, state, and ZIP code

Montgomery, AL 36104

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## 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. Also see *What Name and Number To Give the Requester* 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:

- 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 ►

Date ►

1/18/22

## 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](http://www.irs.gov/FormW9).

## 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-DIV (dividends or 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, later.