

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 19, 2023**, **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 \$324 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 \$1,700 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



2023 Exhibitor Opportunities

Annual Conference

Grand Bohemian Hotel Mountain Brook, Autograph Collection

August 19, 2023

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 **Erich Burbage** at at (334) 954-2515 or by e-mail at *eburbage@ alamedical.org*.

Exhibitor Guidelines

Meeting Date and Location

Annual Conference – August 19, 2023 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 2023 room block. The discounted room block rate is \$324 per night. The deadline is July 28, 2023.

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 timesm along with the final agenda, will be sent one month prior to the meeting dates. Electrical, telephone, food and beverage, or audio and visual equipment, should be aranged through the hotel.

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. If you have questions regarding the exhibit hall, please contact Erich Burbage at (334) 954-2515 or by

e-mail at 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. 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.

2023 AAN Exhibitor Registration Form (page 1)

COMPANY INFORMATION PLEASE PRINT CLEARLY

Exhibiting Company Name to appear on pron	notions:	
Company Contact:	E-mail:	
Primary Phone: Office	Business Type:	
Company Address:		
City/State/Zip:		
EXHIBITOR OPPORTUNITIES Registration deadline for the August 19 Conference	onco is July 19, 2022	□ \$1.700
First Attending Rep's Name:	•	
Second Attending Rep's Name:	E-mail:	
Additional representatives are welcome for \$2	.50 each.	
Third Attending Rep's Name	E-mail	\$250
Fourth Attending Rep's Name	E-mail	\$250
SPONSORSHIP OPPORTUNITIES		
Sponsorships are available on a first come first	serve basis and must be reserved by Ju	ly 28, 2023.
Breakfast with Exhibitors		
Morning Break		\$ 500
Lunch		
Afternoon Break		□ \$ 500
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.	
$f \Box$ Check here if you need additional space for	a large display or equipment. Our staff wi	ll contact you for details.
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 2023 room block. The discounted room block rate is \$324 per night.

2023 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 arise from the exhibitor's negligence or willful misconduct and agrees to losses and damages to persons or property caused by exhibitor; and gual indicated on this form. AAN and the Medical Association of the State of responsible for any claims, losses and/or damages to persons or property negligence or willful misconduct of AAN and the Medical Association of reserves the right to reject a company or agency as an exhibitor without	orotect against all claims, irantees payment in full as Alabama shall not be held , except to the degree of the State of Alabama. AAN
Signature:	Date:
INSTRUCTIONS Return signed form (both pages) with your payment to Erich Burbage, P.C AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (3 eburbage@alamedical.org and note that payment will follow under a se	.
AAN Tax ID#: 63-1156846	,
AAN Tax ID#: 63-1156846 For office use only.	,
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(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

	1 Name (as shown on your income tax return). Name is required on this line; do Alabama Academy of Neurology	o not leave this line blank.										
	2 Business name/disregarded entity name, if different from above											
age 3.	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.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions or not only instructions or not onl						
s on pa	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	on Partnership Trust/estate Exempt payee co										
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax put is disregarded from the owner should check the appropriate box for the tax possible.	n of the single-member ow om the owner unless the o urposes. Otherwise, a singl	ember owner. Do not check less the owner of the LLC is se, a single-member LLC that				at code (if any)					
ec.	Other (see instructions) ▶				(Applies to accounts maintained outside the U.S.) me and address (optional)							
Sp	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's na	ame a	na aa	aress	(opt	ionai)			
	19 South Jackson Street											
"	6 City, state, and ZIP code											
Januari I	Montgomery, AL 36104											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											
Enter \	your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avo		al sec	urity	numb	er					
hackur	withholding. For individuals, this is generally your social security num	nber (SSN). However, fo	or a					_				
resider	nt alien, sole proprietor, or disregarded entity, see the instructions for I s, it is your employer identification number (EIN). If you do not have a r	number, see <i>How to get</i>	ta 🔲									
TIN. la			or									
Note:	If the account is in more than one name, see the instructions for line 1.	. Also see What Name a	and Emp	loyer	identi	ficati	on n	umb	er			
Numbe	er To Give the Requester for guidelines on whose number to enter.			3 .	- 1	1	5	6	8	4	6	
					1							
Part												
Under	penalties of perjury, I certify that:	le en feur le energialism deur de	a number to b	oo ioo	uod t	o me). ar	nd				
2. I am Sen	number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding; and	ckup withholding, or (b)	I have not be	een n	otifie	a by	tne i	nter	nal ed n	Reve ne th	enue at 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 exemp	pt from FATCA reporting	g is correct.									
Certific you ha acquisi other th	cation instructions. You must cross out item 2 above if you have been not be failed to report all interest and dividence on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution interest and dividence, you are not required to sign the certification, be	otified by the IRS that you tate transactions, item 2	u are currently does not app ement arrange	ny. Fo ement	(IRA)	, and struc	ger tions	erall for	ly, p Parl	aym	ents	
Sign Here	Signature of U.S. person ▶	1	Date ►	4	18	1	_	7	_			
	neral Instructions	 Form 1099-DIV (div funds) 	vidends, inclu	uding	those	e fror	n sto	ocks	or	muti	ual	
noted.	n references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (v proceeds) 									gross	
related	e developments. For the latest information about developments I to Form W-9 and its instructions, such as legislation enacted ney were published, go to www.irs.gov/FormW9.	• Form 1099-B (stock transactions by broken 1099-B)	ers)						ther			
		• Form 1099-S (proc								o o ti	ana)	
	pose of Form		 Form 1099-K (merchant card and third party network transactions) Form 1098 (home mortgage interest), 1098-E (student loan interest), 									
inform	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	1098-T (tuition)										
identifi	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	 Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) 										
taxpay	er identification number (ATIN), or employer identification number										nt	
(EIN), 1	to report on an information return the amount paid to you, or other not reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.										
returns	s include, but are not limited to, the following.	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.

• Form 1099-INT (interest earned or paid)