

Corporate Support Application

Billing Information

Company Name _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Fax _____

E-mail Address _____

Visa MasterCard American Express

Credit Card _____ Expiration Date _____

Name (Exactly as it appears on card) _____

Signature Required if paying by credit card.
(I agree to pay according to the credit card issuer agreement)

Companies supporting or co-supporting an event must comply with all applicable rules and regulations set by the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves and the Rosen Shingle Creek Resort. This agreement, signed by a duly authorized representative of the company, and a check in the full amount must be received no later than Friday, November 6, 2009. This agreement is to become effective upon acceptance by the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves.

Mail

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
10 N. Martingale Road, Suite 190
Schaumburg, IL 60173-2294

Fax

If paying by credit card, you may fax this application to: (847) 240-0804.

Please note: All corporate support payments are final. Corporate support opportunities cannot be cancelled or refunded once contracted.

Due date: Friday, November 6, 2009.

Maximize your company's visibility at the 2010 Annual Meeting by becoming a Corporate Supporter today.

Exclusive Ambassador/Partnerships

<input type="checkbox"/> Neurosurgical Education Ambassador	@ \$ 70,000	= \$ _____
<input type="checkbox"/> Power of Networking Ambassador	@ \$ 65,000	= \$ _____
<input type="checkbox"/> Neurosurgical Leadership Partner	@ \$ 60,000	= \$ _____
<input type="checkbox"/> Resident Education Partner	@ \$ 50,000	= \$ _____
<input type="checkbox"/> Future of Neurosurgery Partner	@ \$ 50,000	= \$ _____

Individual Corporate Support Opportunities

<input type="checkbox"/> Lunch in the Exhibit Hall (Thursday)	@ \$ 35,000	= \$ _____
<input type="checkbox"/> Continental Breakfast (Co-Sponsorship)	@ \$ 20,000	= \$ _____
<input type="checkbox"/> Beverage Breaks	@ \$ 15,000	= \$ _____
<input type="checkbox"/> Cyber Café	@ \$ 15,000	= \$ _____
<input type="checkbox"/> Hotel Key Cards	@ \$ 10,000	= \$ _____
<input type="checkbox"/> Special Courses – Neurosurgeon/Resident	@ \$ 5,000 each	= \$ _____
<input type="checkbox"/> Special Courses – Nurse/PA	@ \$ 2,500 each	= \$ _____
<input type="checkbox"/> Speaker Grant	@ \$ 5,000	= \$ _____
<input type="checkbox"/> General Meeting Sponsorships	@ \$ 5,000 each	= \$ _____

Name of presenter _____

Presentation Title (to be printed on event signage.) _____

TOTAL AMOUNT CORPORATE SUPPORT

= \$ _____

Due Date: **Friday, November 6, 2009.**

(Support received after this date may not be acknowledged in all marketing vehicles.)

<input type="checkbox"/> <i>What's New Sessions</i>	@ \$ 5,000/2 Sessions = \$ _____	
Please Indicate Preferred Times:		
<input type="checkbox"/> Thursday AM Break	<input type="checkbox"/> Thursday Lunch	<input type="checkbox"/> Thursday PM Break
<input type="checkbox"/> Friday AM Break		
<input type="checkbox"/> Saturday AM Break		

* Please note, advertising opportunities are not part of the corporate support program and do not contribute to corporate supporter level or benefits.