

# 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 JW Marriott Desert Ridge. This agreement, signed by a duly authorized representative of the company, and a check in the full amount must be received no later than Thursday, November 18, 2010. 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: Wednesday, November 18, 2010.**

**Maximize your company's visibility at the 2011 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 | = \$ _____ |

\* Scientific Program Committee will make final approval of companies participating in the *What's New Sessions* in the Demonstration Theater. The following information must be provided at least one month prior to the meeting:

Name of presenter \_\_\_\_\_

Name of procedure, product, or service \_\_\_\_\_

**TOTAL AMOUNT CORPORATE SUPPORT = \$ \_\_\_\_\_**

**Due Date: Thursday, November 18, 2010.**

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

*What's New Sessions* @ \$ 5,000/2 Sessions = \$ \_\_\_\_\_

Please Indicate Preferred Times:

Thursday AM Break     Thursday Lunch     Thursday PM Break

Friday AM Break

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.