

## Satellite Symposium (*Non-CME*) Application

The Congress of Neurological Surgeons (CNS) goes to great lengths to bring thousands of neurosurgeons and allied health professionals together during the timeframe of September 25 – October 2<sup>nd</sup> in Houston, TX. Take advantage of this captive neurosurgical audience and educate your company’s customers and prospects. The CNS will provide medical attendee registration lists for invitation purposes only.

\*\*\* Please acknowledge below which range of physician attendees that your company’s Satellite Symposium falls under:

- \$5,000** 1 – 9 invited/anticipated physician attendees
- \$10,000** 10 – 24 invited/anticipated physician attendees
- \$15,000** 25 – 44 invited/anticipated physician attendees
- \$20,000** 50 + invited/anticipated physician attendees

❖ *Should your symposium attendance exceed the acknowledged range (above), you will be subject to the appropriate satellite price*

### Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Company Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CNS Contact Name: \_\_\_\_\_

CNS Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Please write out the proposed timeslot & location within the CNS approved timeframes below:

Date	CNS Approved Timeframe	Company’s Proposed Timeslot	Company’s Proposed Location
Wednesday, September 25	8:00 AM – 10:30 PM		
Thursday, September 26	8:00 AM – 10:30 PM		
Friday, September 27	8:00 AM – 10:30 PM		
Saturday, September 28	4:15 – 10:30 PM		
Sunday, September 29	8:15 – 10:30 PM		
Monday, September 30	6:00 – 10:30 PM		
Tuesday, October 1	6:30 – 10:30 PM		
Wednesday, October 2	2:00 – 10:30 PM		

**Topic of the Satellite Symposium** – along with proposed speakers, a brief description of the symposium plans, etc.

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### Payment Information \*\*\* No refunds will be issued for a Satellite Symposium activity that is cancelled after Monday, July 29, 2024

Amount \$ \_\_\_\_\_  Visa  MasterCard  American Express  **Invoice Me** – Will Pay Via Check  **Invoice Me** – Will Pay via ACH/Wire

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_ Signature (for card payment): \_\_\_\_\_

\*\*\*Email this application to your main CNS Industry Relations Representative or to: [corporatedevelopment@cns.org](mailto:corporatedevelopment@cns.org)