



Satellite Symposium Application

The Congress of Neurological Surgeons (CNS) goes to great lengths to bring over 2,700 neurosurgeons and allied professionals all together for the CNS Annual Meeting in San Francisco. Take advantage of this captive audience to educate your customers and prospects about the latest details of your technology or host a focus group discussion. The CNS will provide access to medical attendee registration lists for invitation purposes.

Please acknowledge below which range of medical attendees that your proposed event falls under:

- _____ **\$5,000** 1-14 invited/anticipated physician attendees
- _____ **\$10,000** 15-29 invited/anticipated physician attendees
- _____ **\$15,000** 30-44 invited/anticipated physician attendees
- _____ **\$20,000** 45 + invited/anticipated physician attendees

❖ *Should your event attendance exceed the requested range (above), you will be subject to an increase in fee.*

Contact Information

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Email Address _____

Signature _____ Date _____

Please select your preference of a Satellite Symposium timeslot and location within the approved timeframes below:

Date	Timeframe	Your Proposed Timeslot	Your Proposed Location
Saturday	4:30 pm – 10:30 pm		
Sunday	8:30pm - 10:30pm		
Monday	6:30pm – 10:30pm		
Tuesday	6:30pm – 10:30pm		

Title / Topic of Planned Symposium - Brief description, topics to be discussed, proposed speaker, etc.

Payment Information

Amount \$ _____ Visa MasterCard American Express Check ACH/Wire

Credit Card Number _____ Expiration Date _____

Name (as it appears on card) _____

Signature (required if paying by credit card) _____