EXHIBITOR APPLICATION

Payment in full must accompany this application by Monday, February 7^{th} .

The cost of each 8' x 10' exhibit booth is: \$7,500

*A maximum of four (4) exhibit booths can be purchased.

Number of exhibit booths requested: ____ Total Amount: ___

We hereby apply, subject to the terms of the American Society for Stereotactic & Functional Neurosurgery printed Rules and Regulations, for exhibit space occupancy.

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Exhibit Booth Choices

1					
2					
3					
Competitors we do not wish to be near					
1					
2					
3					
Companies we would like to be near					
1					
2					
3					
The assignment of space is at the sole discretion of the American Society for					
Stereotactic & Functional Neurosurgery. In the event your choices are not available,					
please indicate which is most important to you:					
Corner location					
Proximity to one of your booth choices					
Proximity to another exhibitor					
Company Details					
Company Name					
(List company name exactly as it should appear in the Scientific Program Book)					
Company Address					
City, State, Zip Code					
Company Phone					
Company Website					
Contact Details					
Main Contact Name					
Main Contact Phone					
Main Contact E-mail Address					
Signature (required)					
Date					

Exhibitor Package

In exchange for the above exhibit fee, each Exhibitor will receive the following:

- 7" x 44" booth ID sign, 8' back drape, and a 3' side rail drape
- Complimentary exhibitor badges for two (2) company representatives per 8' x 10' booth purchased
- Exhibitor listing in the Program Book
- Housing at a reduced rate
- Two (2) Program Books per 8'x10' booth purchased. Max of 4.



Billing Information*

☐ Check enclosed ☐ Charge the following credit card ☐ Invoice me
A Check for the amount of \$is enclosed.
Please charge the following Credit Card for \$
Name (exactly as it appears on card)
Credit Card Number
Expiration Date
(Visa / MasterCard / American Express)
I agree to pay according to the credit card issuer agreement.
Signature*
*Required if paying by credit card.

Checks must be made payable to:

Congress of Neurological Surgeons

Email (1st preference)

Please email this application to your CNS Industry Relations Representative or corporated evelopment@cns.org.

Mail

Please make a copy for you and send this original application to:

Congress of Neurological Surgeons Attn: Corporate Development 10 N. Martingale Road, Suite 190 Schaumburg, IL 60173-2294

Reductions & Cancellations

All booth reductions and cancellations must be made in writing. Requests received in writing by Friday, March 4 will receive a full refund, less \$500 administrative fee. The Association will retain total cost of space being reduced or cancelled after Friday, March 4. Refunds of cancellations or reductions will not be reimbursed until after the meeting date.

Terms of Participation

The purpose of the exhibits is to complement the professional meetings and clinical sessions by enabling registrants to evaluate the latest developments in equipment, supplies, and services that are presented for use by spine and peripheral nerve surgeons. Monies provided for Exhibit Hall booth purchases are not considered commercial support, nor shall support of this year's exhibit program be inferred as a commitment for any future programs. All exhibit fees will be used solely for expenses directly related to the American Society for Stereotactic and Functional Neurosurgery (Association) Annual Meeting. The Association and the exhibitor acknowledge and agree that the funding shall not obligate the Association nor its affiliates to purchase, use, recommend, or arrange for the use of any products of the exhibitor or its affiliates. The Association does not in any manner endorse any of the products or services related to the exhibits that have been accepted for display and sale during the Annual Meeting. Exhibitors may not advertise or display goods in their exhibit other than those manufactured or sold by them in the regular course of their business. Exhibitors may not permit any other party to exhibit in their space any goods other than those manufactured or distributed by the contracting exhibitor. The Association acknowledges that some drugs or medical devices demonstrated at the Annual Meeting have not been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated it is the responsibility of the physician to determine the FDA clearance status of each drug or medical devices he or she wishes to use in clinical practice.