

North Carolina
**Neurological
Society**



Exhibitor Prospectus

North Carolina Neurological Society
2019 Annual Meeting

February 15-16, 2019
The Grandover Resort
Greensboro, NC

North Carolina Neurological Society (NCNS)
2019 Annual Meeting

The 2019 Annual Meeting is a much anticipated gathering of neurologists, residents, and physician extenders from across North Carolina. The next NCNS Annual Meeting will be held in Greensboro at the Grandover Resort, February 15-17, 2019 (exhibit hours are Friday and Saturday only).

Healthcare organizations, pharmaceutical companies, insurance companies, and other vendors are invited to participate as exhibitors and sponsors of the meeting. The NCNS extends opportunities for tabletop displays, sponsorship of specific aspects of the meeting, and CME speaker underwriting during the meeting. Sponsorship opportunities are available at different monetary levels to fit all types of needs and budget constraints. Networking and recognition opportunities are abundant for health-related and consumer businesses that participate.

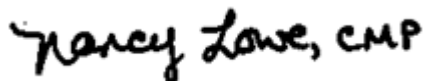
Supporters receive:

- Six-plus hours of dedicated display time and/or access to attendees
- Two refreshment breaks, Friday cocktail reception, and Saturday breakfast and lunch with attendees
- Optional dinner with attendees, for Gold and Platinum level supporters
- Discounted group hotel rate
- Attendee contact lists (prior to meeting upon request, hard copy at meeting, post meeting)
- Recognition of organization in print, in on-site program

Applications with payment must be received prior to February 1, 2019 to ensure acknowledgement in printed materials. Forms received after February 1 will incur a \$500 surcharge.

Please review the enclosed exhibitor information and make plans soon to participate at this important meeting of the North Carolina neurology community. Note that *any product theater events require a separate contract*; contact me for details. If you have any questions or would like further information on the meeting or sponsorship opportunities, contact me at nlowe@ncmedsoc.org or (919) 833-3836.

Sincerely,



Nancy Lowe, CMP
Director

- **Silver Level Exhibitor: \$2,500 for an 8' x 8' booth including 6' table and two chairs; attendance at the reception, lunch and daytime breaks for up to two reps.**
- **Gold Level Exhibitor: \$4,000 for an 8' x 8' booth including 6' table and two chairs; attendance at the reception, lunch and daytime breaks for up to four reps; attendance at the dinner for up to two reps; and additional recognition as Gold Sponsor in printed materials.**
- **Platinum Level Exhibitor: \$5,500 for a double booth (16' x 8' with two 6' tables and four chairs) in premium location; attendance at the reception, dinner, lunch and daytime breaks for up to four reps; and additional recognition as Platinum Sponsor in printed materials.**
- **Silver level exhibit tables are assigned on a first-come, first-served basis as signed applications and monies are received. Assignments of table location are made by the NCNS.**

NC Neurological Society
APPLICATION FOR EXHIBIT SPACE
ANNUAL MEETING, FEBRUARY 15-16, 2019

TAX ID #56-2106149

Proper completion and submission of this application for exhibit space at the NCNS 2019 Annual Meeting shall mean the applicant accepts and agrees to abide by the provisions of this application and Appendix A, Exhibitor Terms and Conditions, which is hereby incorporated and made part of this contract as well as such additional rules and regulations that the NCNS deems necessary provided such additional rules and regulations do not materially alter the exhibitor's contractual rights. A contract for exhibit space shall be completed only after a properly completed application along with a payment in full is received by the NCNS office.

Payment in full must accompany the "Application for Exhibit Space" via check (payable to NCNS), Visa or MasterCard, or American Express. Please fill in the information requested on this form. Retain a copy for your files, and sign and return this application with payment to:

NCNS * PO Box 27167 * Raleigh, NC 27611 * Fax 919-833-2023, Attn: Nancy Lowe

Cancellations by December 15, 2017, receive a 50% refund; no refunds provided for cancellations after that date.

NCNS is hereby authorized to reserve space for our use in the exhibit area of the 2019 NC Neurological Society Annual Meeting. **Applications with payment must be received prior to February 1, 2019 to ensure acknowledgement in printed materials. Forms received after February 1 will incur a \$500 surcharge.**

Silver Level (8' x 8' booth with one 6' X 30" table; attendance at the reception, lunch and daytime breaks for up to two reps) – \$2,500 is enclosed with check or credit card information below

Gold Level (8' x 8' booth with one 6' X 30" Table in priority location, attendance at the reception, lunch and daytime breaks for up to four reps; attendance at the dinner for up to two reps) – \$4,000 is enclosed with check or credit card information below

Platinum Level (Double booth with two 6' X 30" Tables, premium location, attendance at the reception, dinner, lunch and daytime breaks for up to four reps) – \$5,500 is enclosed with check or credit card information below

Visa, MasterCard or American Express:

Credit Card Number: _____ Security Code: _____ Expiration Date: _____

Name on Card: _____ Amount to be charged: \$ _____

Signature of CC Holder: _____ Date: _____

Company/Organization Name: _____

Company/Organization Name for Table Sign and Printed Materials: _____
(Tables will be supplied with an identification sign. Please print.)

Market Competitors you would prefer not to be placed near: _____

Will you require electricity for your display? _____ Yes _____ No

Company Contact Person: _____

Title: _____

Billing Address: _____ City, State, Zip: _____

Phone: _____ E-mail: _____

Company Representative(s) Attending Meeting (individual representative information for name badges and NCNS records):
Use additional sheet if necessary. Exhibit registration includes two to four representatives, depending on level of support. Please update the NCNS office as soon as possible as representative names are assigned or changed prior to the meeting.

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Signature of person authorized to approve contract

Printed name of authorized signer

Date

Appendix A: Exhibitor Terms and Conditions

1. **SPACE** - The space contracted is to be used solely for the Exhibitor whose name appears on the Contract. The Exhibitor shall not sublet or assign any portion of same without the written consent of the NCNS. Gold and Platinum Level exhibitors receive prime display locations and exhibitor space is assigned by the NCNS on a first-come, first-served basis as signed applications and monies are received by the NCNS office. Two chairs per table are included.
2. **ALL PROMOTIONAL MATERIALS, COLLATERAL OR ACTIVITIES** must be confined within the limits of the Exhibitor's purchased space. Per CME regulations such materials are not permitted in the meeting room or at the meeting registration desk, and may not be delivered to attendees' hotel rooms. **Product theater events require a separate contract**; contact the NCNS.
3. **ALL BOOTHS** and decorations **MUST** concur with the facility regulations, city ordinances, and local fire codes. Any violations may result in the removal of any materials found to be in violation. Materials for booth decorations and construction must consist of fire resistant material.
4. **IN EVENT EXHIBITION IS NOT HELD** - The NCNS shall not be liable for any damages or expense incurred by Exhibitors in the event the show is delayed, interrupted, or not held as scheduled.
5. **SECURITY** - Security will not be provided in the exhibit area. Exhibitors are urged to remove all valuables during non-exhibit hours. Exhibitor agrees that neither the NCNS, nor the facility management is financially liable for theft, damage, loss, or disappearance of any kind. The NCNS recommends all Exhibitors contact their insurance agents to confirm proper coverage of exhibit materials. Please read carefully the coverage provided by decorators and shipping companies to determine if additional coverage is necessary. Any additional security must be arranged by the Exhibitor at his own expense, directly from the facility. The facility will be locked during the time that exhibits are not being shown; however, certain facility employees will have access to the space for cleaning, etc.
6. **LIABILITY** - Exhibitor agrees that neither the NCNS, nor its representatives, will be responsible for any injury, loss, or damage that may occur to the Exhibitor, the Exhibitor's employees, family, or associates, or property from any cause whatsoever. The Exhibitor, on signing the contract, expressly releases the aforementioned from any and all claims for such loss, damage, or injury.
7. **CANCELLATIONS** - Cancellations by 12/15/18 receive a 50% refund. No refunds are provided for cancellations after that date.
8. **ELECTRICITY** - The NCNS will provide standard 110-volt electricity at no charge upon request. Please indicate on the application if electricity is required. For additional power needs, exhibitors should contact the facility.
9. **SIGNAGE** - An identification sign will be provided for each booth provided application is received by 2/1/19.
10. **SHIPPING** - Vendors are responsible for ALL arrangements in the shipping of exhibits. Please bring your company's own shipping forms and account number in order to make your own shipping arrangements. Shipping information will be sent with a confirmation to the "Company Contact" listed on the application.
11. **HOTEL RESERVATIONS** – Exhibitors may use the group's discounted hotel rates. Hotel information with group code will be sent with a confirmation to the "Company Contact" listed on the application.

ASSOCIATION CONTACT

For additional information, please contact:

Nancy Lowe, CMP, Director

North Carolina Neurological Society

PO Box 27167 (222 North Person Street), Raleigh, NC 27611

Phone: (919) 833-3836 / Fax: (919) 833-2023

Email: nlowe@ncmedsoc.org

Thank you for your interest in supporting the NCNS and our physician members!

PRELIMINARY EXHIBITOR SCHEDULE
Exact times are subject to change.

FRIDAY, FEBRUARY 15, 2019	
Between 3:00pm and 5:30pm	Exhibitor Move In/Set Up
5:30pm-7:00pm	Reception and Exhibit Visitation
7:00pm-9:00pm	Dinner/Program for Attendees and Gold/Platinum Supporters
SATURDAY, FEBRUARY 16, 2019	
7:00am-8:00am	Continental Breakfast and Exhibit Visitation
10:00am-10:30am	Morning Break and Exhibit Visitation
12:00pm-1:00pm	Lunch for Attendees and Exhibitors
3:00pm-3:30pm	Afternoon Break and Exhibit Visitation
3:30pm	Door Prize Drawing
After 3:30pm	Exhibitor Tear Down/Move Out