ABOUT THE AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY (ACNS)

ACNS is a professional association dedicated to fostering excellence in clinical neurophysiology and furthering the understanding of central and peripheral nervous system function in health and disease through education, research, and the provision of a forum for discussion and interaction.

Founded in 1946 and originally named the American Electroencephalographic Society (AEEGS), ACNS is the major professional organization in the United States devoted to the establishment and maintenance of standards of professional excellence in clinical neurophysiology in the practice of neurology, neurosurgery and psychiatry. ACNS members utilize neurophysiology techniques in the diagnosis and management of patients with disorders of the nervous system and in research examining the function of the nervous system in health and disease.

ACNS EDUCATIONAL MISSION STATEMENT

CONTENT

ACNS is committed to providing continuing medical education to its members and others interested in clinical neurophysiology. Educational objectives include 1) Reviewing current knowledge of clinical neurophysiology including: electroencephalography, evoked potentials, electromyography, nerve conduction studies, intraoperative monitoring, polysomnography and other sleep technology, quantitative neurophysiological methods, magnetoencephalography, sleep disorders, epilepsy, neuromuscular disorders, brain stimulation, brain-computer interfacing, and related areas; and 2) Informing course and meeting attendees of recent technological developments and their implications for clinical practice.

TARGET AUDIENCE

The Society’s educational activities are directed to clinical neurophysiologists, neurologists, psychiatrists, physiatrists, neurosurgeons, trainees in these disciplines and other physicians and researchers who utilize clinical neurophysiological techniques and knowledge in the diagnosis and management of patients with disorders of the nervous system.

EXPECTED RESULT

Attendees will improve competence in clinical neurophysiology procedures and incorporate new technological advancements into their practice.

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ACNS COUNCIL

PRESIDENT
Cecil D. Hahn, MD, FACNS
Hospital for Sick Children

1ST VICE PRESIDENT
Gloria M. Galloway, MD, FACNS
Ohio State University Medical Center

2ND VICE PRESIDENT
Suzette M. LaRoche, MD, FACNS
Mission Health

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Duke University Medical Center

TREASURER
Jaime R. Lopez, MD, FACNS
Stanford University

IMMEDIATE PAST PRESIDENT
Tobias Loddenkemper, MD, FACNS
Children’s Hospital Boston

PAST PRESIDENT
Stephan Schuele, MD, MPH, FACNS
Northwestern University-Neurology

Councilors-at-Large
Meriem Bensalem-Owen, MD, FACNS
University of Kentucky
Giridhar Kalamangalam, MD, DPhil, FACNS
University of Texas
Jong Woo Lee, MD, PhD, FACNS
Brigham & Women’s Hospital
Daniel L. Menkes, MD, FACNS
William Beaumont Hospital
Eva K. Ritzl, MD, FACNS
Johns Hopkins University
Devon I. Rubin, MD, FACNS
May Clinic
Sarah E. Schmitt, MD, FACNS
Medical University of South Carolina
Tammy Tsuchida, MD, PhD, FACNS
Children’s National Health System
Courtney J. Wusthoff, MD, FACNS
Stanford University

AMA DELEGATE
Marc R. Nuwer, MD, PhD, FACNS
UCLA

JOURNAL EDITOR
Aatif M. Husain, MD, FACNS
Duke University Medical Center
ABOUT THE FALL COURSES

The 2019 Fall Courses are designed around rapidly-evolving areas of clinical neurophysiology. Few practicing neurologists have adequate training in these techniques, and physicians with competence in these areas are in great demand. Educational activities will cover both basic methodologies, and innovative techniques.

TARGET AUDIENCE
Clinical neurophysiologists, neurologists, physiatrists, neurosurgeons, technologists, trainees in these disciplines and other physicians and researchers who specialize in clinical neurophysiology.

PAST ATTENDANCE

<table>
<thead>
<tr>
<th>Year</th>
<th>City</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Minneapolis</td>
<td>138 attendees</td>
</tr>
<tr>
<td>2013</td>
<td>Philadelphia</td>
<td>92 attendees</td>
</tr>
<tr>
<td>2014</td>
<td>Boston, MA</td>
<td>131 attendees</td>
</tr>
<tr>
<td>2015</td>
<td>Charlotte, NC</td>
<td>130 attendees</td>
</tr>
<tr>
<td>2016</td>
<td>Nashville, TN</td>
<td>128 attendees</td>
</tr>
<tr>
<td>2017</td>
<td>Chicago, IL</td>
<td>149 attendees</td>
</tr>
<tr>
<td>2018</td>
<td>Boston, MA</td>
<td>125 attendees</td>
</tr>
</tbody>
</table>

PAST EXHIBITORS
ABRET & ABCN
Blackrock NeuroMed
Brain Sentinel Diagnostic Services, LLC
Cadwell Laboratories, Inc.
Carolinas Healthcare System
Compumedics USA, Inc.
CortiCare, Inc.
Demos Medical Publishing
Electrical Geodesics, Inc.
G.TEC Neurotechnology USA, Inc.
Ideal Health Careers, Inc.
Ives EEG Solutions
Lifelines Neurodiagnostic Systems
Lundbeck
Mission Health
Moberg
mytaMed, Inc.
Natus Neurology
Neuroelectrics
Neuropace
Neurotech
Nihon Kohden America, Inc.
Persyst Development Corporation
PMT Corporation
Rhythmlink International, LLC
Rochester Electro-Medical, Inc.
Signal Gear, LLC
Specialty Care
UCB

IMPORTANT DATES
Exhibitor Booth Registration Opens  June 1, 2019
Exhibitor Staff Registration Opens  June 1, 2019
Exhibitor Booth Application Deadline  August 15, 2019
Exhibitor Space Cancellation Deadline  August 20, 2019

2018 ATTENDANCE BY COURSE
40% NIOM
60% ICU EEG

2018 ATTENDANCE BY TYPE
27% Technologists
73% Physicians
## SATURDAY, SEPTEMBER 21, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair/Co-Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 – 9:00am</td>
<td><strong>Stereo EEG – Part I</strong>&lt;br&gt;Co-Chairs: Stephan U. Schuele, MD, MPH, FACNS and Giridhar Kalamangalam, MD, PhD, FACNS</td>
<td><strong>Pediatric/Neonatal EEG</strong>&lt;br&gt;Chair: Arnold J. Sansevere, MD</td>
</tr>
<tr>
<td>8:45 - 9:20am</td>
<td>Breakfast in Exhibit Hall</td>
<td></td>
</tr>
<tr>
<td>9:20am – 1:00pm</td>
<td><strong>ICU EEG - Part 1</strong>&lt;br&gt;Co-Chairs: Hiba A. Haider, MD and Sarah E. Schmitt, MD, FACNS</td>
<td><strong>NIOM - Part 1</strong>&lt;br&gt;Co-Chairs: Leslie H. Lee, MD, FACNS and Jaime Lopez, MD, FACNS</td>
</tr>
<tr>
<td>1:00 – 2:00pm</td>
<td>Lunch in Exhibit Hall</td>
<td></td>
</tr>
<tr>
<td>2:00 – 5:00pm</td>
<td><strong>ICU EEG - Part 1 (continued...)</strong></td>
<td><strong>NIOM - Part 1 (continued...)</strong></td>
</tr>
<tr>
<td>5:15 – 7:00pm</td>
<td><strong>NEW for 2019!</strong>&lt;br&gt;CPT Coding Changes: EEG Monitoring &amp; Neurostimulation&lt;br&gt;Co-Chairs: Marc R. Nuwer, MD, PhD, FACNS; Jonathan C. Edwards, MD, MBA, FACNS; and Eva K. Ritzl, MD, FACNS</td>
<td></td>
</tr>
<tr>
<td>7:00 – 8:30pm</td>
<td>Welcome Reception in Exhibit Hall</td>
<td></td>
</tr>
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## SUNDAY, SEPTEMBER 22, 2019

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<th>Time</th>
<th>Session</th>
<th>Chair/Co-Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 – 9:00am</td>
<td><strong>Stereo EEG – Part 2</strong>&lt;br&gt;Co-Chairs: Stephan U. Schuele, MD, MPH, FACNS and Giridhar Kalamangalam, MD, PhD, FACNS</td>
<td></td>
</tr>
<tr>
<td>8:45 - 9:20am</td>
<td>Breakfast in Exhibit Hall</td>
<td></td>
</tr>
<tr>
<td>9:20am – 1:00pm</td>
<td><strong>ICU EEG - Part 2</strong>&lt;br&gt;Co-Chairs: Hiba A. Haider, MD and Sarah E. Schmitt, MD, FACNS</td>
<td><strong>NIOM - Part 2</strong>&lt;br&gt;Co-Chairs: Leslie H. Lee, MD, FACNS and Jaime Lopez, MD, FACNS</td>
</tr>
<tr>
<td>1:00 – 2:00pm</td>
<td>Lunch in Exhibit Hall</td>
<td></td>
</tr>
<tr>
<td>2:00 – 5:00pm</td>
<td><strong>ICU EEG - Part 2 (continued...)</strong></td>
<td><strong>NIOM - Part 2 (continued...)</strong></td>
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</tbody>
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**FOR COMPLETE COURSES, VISIT:**
www.acns.org/meetings/fall-courses/2019-fall-courses/program
MEETING VENUE
JW MARRIOTT ATLANTA BUCKHEAD
3300 Lenox Rd NE
Atlanta, GA 30326
(404) 262-3344

Exhibits are an important part of the educational experience for Fall Course attendees. Breakfast, lunch and coffee breaks will be served in the exhibit hall, which is adjacent to both course session rooms. A reception will also be hosted for meeting delegates on Saturday evening, October 20 in the exhibit hall.

BOOTH FEES - $800 PER 6’ TABLE
Tabletop exhibits include:
• One (1) 6’ draped & skirted table;
• Complimentary registration for one (1) company personnel;
• Acknowledgement in the Fall Courses final program materials and ACNS website;
• Acknowledgement in the winter issue of Clinical Neurophysiology News, the official newsletter of ACNS, distributed electronically to the 1,200+ ACNS members and archived to the Members-Only section of the ACNS website.

EXHIBIT HOURS (SUBJECT TO CHANGE)
SATURDAY, SEPTEMBER 21, 2019
7:00 – 8:00am  Exhibitor Move-In
8:30am – 8:30pm  Exhibits Open

SUNDAY, SEPTEMBER 22, 2019
8:30am – 2:00pm  Exhibits Open
2:00 – 5:00pm  Exhibitor Move-Out

The following times of high traffic are expected:
8:45 – 9:20am  Breakfast
10:30 – 11:00am  Morning Breaks
1:00 – 2:00pm  Lunch
1:45pm & 3:15pm  Afternoon Breaks
7:00 – 8:30pm  Welcome Reception (Saturday only)

EXHIBIT PERSONNEL REGISTRATION
All exhibitor personnel must be registered. One (1) complimentary registration is provided to each exhibitor. Exhibitor registrations provide access to the exhibit hall and food and beverage functions. Exhibitor staff may attend the courses, space permitting, but may not claim CME credits for attendance at the courses.

Each exhibiting company is allowed additional exhibitor registrations at $675 per additional individual before September 3, 2019 or $775 per additional individual onsite.

CANCELLATION POLICY
Requests for cancellation of exhibit space must be made in writing. Written cancellation requests received before August 20, 2019 will receive a refund, less a $20 processing fee. Refunds will not be issued after August 20, 2019.

SERVICE CONTRACTOR
Due to the limited nature of the Fall Courses exhibition, a general service contractor will not be available. Exhibitors are responsible for shipping to and from show site, provision of labor, set-up, removal, etc.

ELECTRICITY
Electrical drops are not included in the standard exhibit fee. Companies wishing to arrange for electricity to their exhibit table may make arrangements directly with the venue.

INSURANCE
Each exhibitor is responsible for maintaining insurance against injury to person or damage to or loss of property in such amounts as the exhibitor shall deem adequate. Insurance protection will not be afforded to the exhibitor by ACNS or the hotel.

LIABILITY & INDEMNIFICATION
The exhibitor will be fully responsible for any claims, liabilities, losses, damages, or expenses, including attorney’s fees, relating to or arising out of any loss of injury to, or damage to any person or property of the exhibitor or any other property where such injury, loss or damage is incident to, arises out of or is in any way connected with the exhibitor’s participation in the exhibition. The exhibitor shall protect, indemnify, hold harmless, and defend ACNS, its officers, directors, agents or servants, and employees from and against any and all such claims, liabilities, losses, damages, and expenses, including attorneys’ fees, provided that the foregoing shall not apply to injury, loss, or damage caused by or resulting from the negligence or willful misconduct of ACNS, its officers, directors, agents, or employees.

FIRE & SAFETY REGULATIONS
Exhibitors must comply with all federal, state, and local fire building codes that apply to the facility.

LABOR REGULATIONS
Exhibitors are required to conform to all local labor regulations.

SMOKING
Smoking is prohibited at the ACNS Fall Courses.

INTERPRETATION & APPLICATION OF RULES & REGULATIONS
Show management reserves the right to: (a) reject for any reason, without explanation, any exhibit application submitted for the ACNS Fall Courses; (b) reject, prohibit, restrict, or otherwise require modification of any exhibit for any reason; and (c) evict or bar any exhibitor whose exhibit, materials, or conduct is objectionable to show management for any reason. Violation of any regulations on the part of the exhibitor, its employees or agents shall void the right to occupy space, and such exhibitor will forfeit to ACNS all monies which may have been paid. Upon evidence of violation, management may re-enter and take possession of the space occupied by the exhibitor, and may remove all persons and goods at the exhibitor’s risk. The exhibitor shall pay all expenses and damages which management may incur thereby.
GENERAL EXHIBITOR INFORMATION

EXHIBITOR APPLICATION INFORMATION
To reserve a table, complete the application and contract for exhibit space and return it with full payment to the ACNS Executive Office. Exhibit space is assigned based on the date the application is received.

APPLICATION REVIEW
ACNS will review all exhibit applications to determine whether they satisfy basic criteria such as: whether the product/services described specifically relate to the practice of clinical neurophysiology, and whether the exhibit is of informational value to Fall Course delegates.

PRODUCT/SERVICE DESCRIPTIONS
Product and/or service descriptions are a required part of the application process. The description will appear under the company name in the final program under the exhibit directory. All descriptions should be in paragraph format, typed and no longer than 100 words. Descriptions longer than 100 words will be edited for length. Descriptions for the final program will be accepted until August 20, 2019. Please attach description to the application or email it to etrimmer@acns.org.

EXHIBITOR RELOCATION
If it becomes necessary to relocate an exhibitor after a space assignment has been made, ACNS will contact the company involved and every effort will be made to reassign the exhibitor to a similar space.
Gain increased exposure by supporting the 2019 Fall Courses. Your contribution helps support ACNS educational programs and attendee services. In addition to valuable networking opportunities, you will receive the following benefits:

**GRANT SUPPORT**

**Wireless Internet**

$2,500

Help Fall Courses delegates stay in touch and informed by providing wireless Internet access. Access to the Internet is available in all public areas of the meeting place for those delegates traveling with their laptops. ACNS will distribute to delegates a card containing log-on instructions and passwords. A single supporter (subject to ACNS approval) will be acknowledged on the cards and in the Final Program.

**Breakfast**

$2,000 per day

Reach all 120+ delegates first thing each morning as they prepare for a day of education. Continental breakfast will be served in the exhibit hall. As a supporter of one of the daily breakfasts, your company will be identified on signage as well as in Final Program materials. If possible, catering stations may be strategically placed in proximity to the supporters’ booth.

**Beverage Break**

$1,000 per break

As a supporter of one of the breaks, your company will be allowed to include educational materials in the beverage break areas to draw attendees to your booth and will be acknowledged in the Final Program and on signage in the break area. Both morning and afternoon refreshment breaks will be scheduled.

**Boxed Lunch**

$5,000 per day

Lunches will be provided for delegates in the exhibit hall. As a supporter of the boxed lunches, your company will be identified on signage as well as in Final Program materials. If possible, catering stations may be strategically placed in proximity to the supporters’ table.

**Unrestricted Educational Grant**

By providing an educational grant in any amount, your company can help offset Fall Courses expenses, and help keep meeting registration fees low.

**ADVERTISING**

**Final Program Advertising**

Advertising space is available in the 2019 Fall Courses Final Program, which is distributed to all delegates upon check-in and posted to the ACNS website in advance of the meeting. The Final Program will contain information on the scientific program, catered functions, program CME and ACNS membership.

**Inside front cover**

$1,500

Your full page ad (designed at supporter’s discretion, subject to ACNS approval) will appear just inside the program’s cover, opposite the table of contents and is sure to grab delegate’s attention.

**Inside back cover**

$1,000

Your full page ad (designed at supporter’s discretion, subject to ACNS approval) will appear at the end of the program, opposite notes pages.

Artwork specifications for front and back covers:

- Dimensions: 5 ¾” x 8 ¼” (with bleeds)
- Finish Size: 5 ¾” x 8 ½”
- Color: CMYK
- File Format: High resolution (at least 300 dpi); PDF, TIF, JPG or EPS.

**Notes pages**

$500 each page

Place your logo and tagline as the header or footer on a series of blank pages at the back of the program, designed for delegates to take notes on presentations, write down contact information while networking, and to serve as a reference following the meeting.

**PRODUCT THEATERS**

$7,500

ACNS will again offer supporters the opportunity to extend their reach outside the exhibit hall with sponsored Product Theaters. Space will be made available to supporters over lunch to more directly reach the Fall Courses audience. Companies may program session content and are responsible for the costs of speakers and materials. Acknowledgement will be made in a special section of the Final Program and on signage outside the session. Sponsored session space is limited and will be sold on a first-come, first-served basis determined by date of receipt of program fees.

Sponsored session support includes:

- Standard classroom set-up;
- Standard meeting room AV, including a laptop, LCD projector, screen, and appropriate microphones/speakers;
- One (1) complimentary registration for a session instructor, including access to the Exhibit Hall and course sessions (not eligible to receive CME credit);
- Catering, to include beverages and snacks on Saturday evening and boxed lunches on Sunday;
- Acknowledgement in the Fall Courses final program materials and ACNS website;
- Acknowledgement in the winter issue of Clinical Neurophysiology News, the official newsletter of ACNS, distributed electronically to the 1,200+ ACNS members and archived to the Members-Only section of the ACNS website.

**FREQUENTLY-ASKED QUESTIONS**

Who chooses product theater speakers/instructors?

The sponsoring company is welcome to invite the speakers/instructors of their choice, and any number they wish.

- Either company personnel or physicians may serve as instructors.
- Faculty speaking in ACNS-programmed Fall Courses sessions may serve as product theater instructors, as long as they do not receive compensation of any kind from sponsored session supporters.
- Product theater supporters are responsible for contacting chosen instructors to invite them to participate and then to communicate the names of confirmed instructors to ACNS. ACNS will not contact potential instructors and will assume that names submitted have been confirmed in advance.
ADVERTISING & GRANT SUPPORT OPPORTUNITIES

Who is responsible for funding speakers/instructors?

- The sponsoring company is responsible for all expenses incurred by their instructors, subject to the company’s own internal guidelines and agreements with the instructors.
- ACNS will not pay for instructor expenses, unless the individual is also participating in the Fall Courses.
- Sponsoring companies may not provide compensation of any kind to members of the ACNS-selected program faculty. ACNS will provide for travel expenses and an honorarium for participation in the Fall Courses and prohibits these faculty from receiving additional funding from sponsors.

Product Theater Instructor Eligibility

The sponsoring company is welcome to invite the instructors of their choice, and any number they wish, including either company personnel or physicians, provided that they do not provide compensation of any kind to members of the ACNS-selected Fall Course faculty.

Promotion

Supporters are welcome to promote their sessions using their own contacts or distribution channels in advance of the Fall Courses. However, all promotional materials, including both print and electronic messages, must be approved by ACNS prior to distribution. Please send a draft of the materials to ACNS Erin Trimmer (etrimmer@acns.org) for prompt review. Distribution of materials onsite is restricted - flyers may NOT be placed in session rooms or any other part of the meeting space without written consent from ACNS. Flyers may be distributed from a company's own exhibit booth.

In addition, ACNS makes available mailing labels for all ACNS members for a fee. Please contact ACNS Senior Meetings Manager Erin Trimmer (etrimmer@acns.org) for more information. Apologies, email lists are not available for purchase.

BENEFITS OF SUPPORT

Gold Level Support ($3,000+)

- Acknowledgement as outlined pertaining to specific grant opportunities chosen;
- Acknowledgement in the Fall Courses final program materials and ACNS website;
- One (1) full-page acknowledgement in the winter issue of Clinical Neurophysiology News, the official newsletter of ACNS, distributed electronically to the 1200+ ACNS members and archived to the Members-Only section of the ACNS website.

Silver Level Support ($1,000 - $2,999)

- Acknowledgement as outlined pertaining to specific grant opportunities chosen;
- Acknowledgement in the Fall Courses final program materials and ACNS website;
- One (1) half-page acknowledgement in the winter issue of Clinical Neurophysiology News, the official newsletter of ACNS, distributed electronically to the 1200+ ACNS members and archived to the Members-Only section of the ACNS website.

Bronze Level Support (up to $999)

- Acknowledgement as outlined pertaining to specific grant opportunities chosen;
- Acknowledgement in the Fall Courses final program materials and ACNS website.
EXHIBIT APPLICATION & CONTRACT  Deadline for application: August 15, 2019

ORGANIZATION / CONTACT INFORMATION

Organization: ____________________________________________________________
Contact Person: ______________________________________ Title: ______________________
Address: ________________________________________________________________
City: __________________ State: __________________ Zip/Postal Code: ________________
Country: __________________ Phone: __________________
Fax: __________________ E-mail: __________________
(all exhibitor information will be sent to the e-mail address specified)

EXHIBIT TABLE APPLICATION  # OF TABLES _______ X $800 = ________________________ (TOTAL DUE)

COMPLIMENTARY EXHIBITOR REGISTRATION  EACH COMPANY IS ALLOWED ONE COMPLIMENTARY REGISTRATION, WITH ADDITIONAL REGISTRATIONS CHARGED AT $650 PER INDIVIDUAL (UP TO FOUR).

1. Name: ____________________ Email: ____________________
2. Name: ____________________ Email: ____________________ ($675)
3. Name: ____________________ Email: ____________________ ($675)
4. Name: ____________________ Email: ____________________ ($675)

EXHIBIT DIRECTORY INFORMATION  All information will appear in the Final Program exactly as it appears below.

Company: ________________________________________________________________
Address: ________________________________________________________________
City: __________________ State: __________________ Zip/Postal Code: ________________
Country: __________________ Phone: __________________
Fax: __________________ E-mail: __________________
Website: __________________

PRODUCT / SERVICE DESCRIPTION
Submit, in 100 words or less, a description of the products, equipment, services or facility that will be exhibiting. ACNS reserves the right to edit text to conform to length limit. Description may also be emailed to etrimmer@acns.org.

METHOD OF PAYMENT  APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT AND SIGNATURE

Company Check — Make check payable to American Clinical Neurophysiology Society (in US Dollars, drawn on a US bank)
Credit Card (check one): ☐ VISA ☐ MasterCard
Amount to Charge: ____________________ Card Number: ____________________
Expiration Date: ____________________ Card Holder Name: ____________________
Billing Address: ____________________ Zip/Postal Code: ____________________
Card Holder Signature: ____________________ Date: ____________________

SIGNATURE OF AGREEMENT  PLEASE RETAIN A COPY FOR YOUR RECORDS.

You are hereby authorized to reserve space for the company/organization listed above in the exhibition of the 2019 ACNS Fall Courses, September 21-22, 2019, at the JW Marriott Atlanta Buckhead. We understand that the assigned space will be rented at the rate quoted in the prospectus. We understand further that all space must be paid in full upon completion of the application. If assigned space is not paid for in full at time application is submitted, it may be reassigned to another exhibitor at the discretion of ACNS.

The company agrees to abide by all rules and regulations governing grants set forth in the prospectus, which is made part of this contract by reference and fully incorporated herein. Further, the company agrees to adhere to all ACCME, PhRMA, AdvaMed, FDA, and IRS guidelines regarding development of educational activities, interactions with health care professionals, and disclosure of support, including formal Letters of Agreement and acknowledgement of support to participants in the educational activity.

Print Name: ____________________ Authorized Signature: ____________________

Please return this application with required payment to:

American Clinical Neurophysiology Society  •  Attn: Erin Trimmer  •  555 E. Wells Street, Suite 1100  •  Milwaukee, WI 53202
Phone: (414) 918-9803  •  Fax: (414) 276-3349  •  E-mail: etrimmer@acns.org

ACNS FALL COURSES September 21-29, 2019 JW Marriott Atlanta Buckhead, ATLANTA, GEORGIA 9
ADVERTISING & GRANT SUPPORT APPLICATION & CONTRACT
Deadline for application: August 15, 2019

ORGANIZATION /CONTACT INFORMATION

Organization: ____________________________________________ Title: __________________________

Contact Person: ________________________________________ Address: __________________________

City: ____________________________________ State: ____________ Zip/Postal Code: ____________

Country: __________________________________ Phone: __________________________

Fax: __________________________________ E-mail: __________________________

(all exhibitor information will be sent to the e-mail address specified)

☐ Wireless Internet $2,500

☐ Breakfast (circle one) $2,000 per day
  Saturday       Sunday

☐ Beverage Break (circle one) $1,000 per break
  Saturday AM   Saturday PM   Sunday AM   Sunday PM

☐ Boxed Lunch (circle one) $5,000
  Saturday       Sunday

Final Program Advertising
☐ Inside front cover $1,500
☐ Inside back cover $1,000
☐ Notes pages $500 each page

☐ Product Theater (circle one) $7,500
  Saturday       Sunday

☐ Unrestricted Educational Grant $___________________________

TOTAL DUE $___________________________

METHOD OF PAYMENT

APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT AND SIGNATURE

Company Check – Make check payable to American Clinical Neurophysiology Society (in US Dollars, drawn on a US bank)

Credit Card (check one): ☐ VISA ☐ MasterCard

Amount to Charge: ____________________________ Card Number: ____________________________

Expiration Date: ____________________________ Card Holder Name: ____________________________

Billing Address: ____________________________ Zip/Postal Code: ____________________________

Card Holder Signature: ____________________________ Date: ____________________________

SIGNATURE OF AGREEMENT

Please retain a copy for your records.

You are hereby authorized to reserve the support items for the company/organization listed above with regard to the 2019 ACNS Fall Courses, September 21-29, 2019, at the JW Marriott Atlanta Buckhead. We understand that the selected grants will be charged at the rates quoted in the support prospectus, with acknowledgement as indicated in the support prospectus. Receipt of payment in full constitutes a confirmation of the selected grant. If grants are not paid in full at time application is submitted, items may be sold to another supporter at the discretion of ACNS.

The company agrees to abide by all rules and regulations governing grants set forth in the prospectus, which is made part of this contract by reference and fully incorporated herein. Further, the company agrees to adhere to all ACCME, PhRMA, AdvaMed, FDA, and IRS guidelines regarding development of educational activities, interactions with health care professionals, and disclosure of support, including formal Letters of Agreement and acknowledgement of support to participants in the educational activity.

Print Name: ________________________________________ Authorized Signature: ____________________________

Please return this application with required payment to:

American Clinical Neurophysiology Society • Attn: Erin Trimmer • 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202

Phone: (414) 918-9803 • Fax: (414) 276-3349 • E-mail: etrimmer@acns.org
Exhibitor Order Form - JW Marriott Atlanta at Buckhead
3300 Lenox Road NE, Atlanta GA 30326 - Direct: 404.262.8684

ALL VENDOR INFORMATION FIELDS REQUIRED

<table>
<thead>
<tr>
<th>Company Name</th>
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<tr>
<td>Company Address</td>
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<td>City</td>
<td>State</td>
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<tr>
<td>Contact</td>
<td>Phone</td>
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| Set Date | Strike Date |

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<th>General AV Equipment</th>
<th>Qty</th>
<th>Days</th>
<th>Rate</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>24&quot; Flat Screen Monitor</td>
<td></td>
<td></td>
<td>$250</td>
<td>$0</td>
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<tr>
<td>42&quot; Flat Screen Monitor</td>
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<td>$500</td>
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<tr>
<td>55&quot; LED Monitor w/ Stand</td>
<td></td>
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<td>$735</td>
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<tr>
<td>Flipchart Package w/ Markers</td>
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<tr>
<td>Power &amp; Equipment</td>
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<tr>
<td>Dedicated 20A Circuit</td>
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<tr>
<td>Dedicated 30A Circuit</td>
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<td>$485</td>
<td>$0</td>
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<tr>
<td>Power Strip &amp; Extension Cord</td>
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<td></td>
<td>$40</td>
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<tr>
<td>Office Equipment</td>
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<tr>
<td>Laptop Computer</td>
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<td>$260</td>
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<tr>
<td>LCD Support Pkg (No Proj)</td>
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<td>LCD Projector Package</td>
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<tr>
<td>Printer (B&amp;W)</td>
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<tr>
<td>Printer (Color)</td>
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<td></td>
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<tr>
<td>Internet Services</td>
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<tr>
<td>Simple Wireless Connection</td>
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<tr>
<td>Superior Wireless Connection</td>
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<tr>
<td>Wired Internet Connection</td>
<td></td>
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<td>$0</td>
</tr>
</tbody>
</table>

Please email this form to: JULIO RODRIGUEZ - SALES MANAGER JRODRIGUEZ@PSAV.COM

| Equipment & Services Total | $0 |
| Labor Set/Strike/Support | $45 |
| Sub Total | $45 |
| Tax (8.9%) | $0.00 |

TOTAL $45.00
Credit Card Consent Form

PSAV LOCATION NUMBER: 3317  
Property Name: JW Marriott Atlanta Buckhead

<table>
<thead>
<tr>
<th>Credit Card Type:</th>
<th>American Express</th>
<th>Discover</th>
<th>MasterCard</th>
<th>Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Card Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardholder’s Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(As it appears on credit card)

<table>
<thead>
<tr>
<th>Cardholder Billing Address:</th>
<th>Zip Code (REQUIRED):</th>
<th></th>
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</thead>
</table>

(Only numeric portion required)

<table>
<thead>
<tr>
<th>Cardholder email address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cardholder’s Phone Number:</th>
<th></th>
</tr>
</thead>
</table>

| Customer Name: |                  |

(Name as it should appear on the invoice)

<table>
<thead>
<tr>
<th>Invoice/Order Number(s):</th>
<th>Customer PO:</th>
</tr>
</thead>
</table>

(If a PO # is not provided use loc # and Order ID XXXX XXXX)

I, (please print) ____________________________________________, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for Security Deposit purposes in the event of payment default, cancellation fees or damages/losses owed per PSAV Terms and Conditions – See Terms and Conditions.

Signature_________________________Date_________________________
FEBRUARY 5–9, 2020
2020 Annual Meeting & Courses
New Orleans, Louisiana
THE ROOSEVELT NEW ORLEANS

Save the Date

www.acns.org