

EXHIBITOR APPLICATION

Payment in full must accompany this application within 30 days from signed application, or before the meeting start date (whichever comes first).

Price per 8' x 10' exhibit booth:

Linear: \$3,500 Corner: \$3,700

Total Number of Exhibit Booths Requested: _____ Total Price: _____

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

Exhibit Booth Preferences

Exhibit Booth Number Choices

- _____
- _____
- _____

Competitors we do not wish to be near

- _____
- _____
- _____

Companies we would like to be near

- _____
- _____
- _____

The assignment of exhibit booth space is at the sole discretion of the Joint Section on Pediatric Neurological Surgery. If your booth choices are not available, please indicate which is most important to your company:

- Corner location
 Proximity to one of your booth choices
 Proximity to another exhibitor

Exhibit Package

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

- 7' x 44" booth ID sign, 8' back drape and 3' side drape
- Complimentary exhibitor badges for two (2) company representatives per 8'x10' exhibit booth
- Exhibitor listing in the Scientific Program & Mobile App
- One (1) Scientific Program per 8'x10' exhibit booth when applicable
- Reduced rate on Housing
- Breakfast and Lunch in the Exhibit Hall
- Two (2) complimentary tickets to the Opening Reception for exhibitors who book housing through the Pediatric Section Meeting's housing block

Company Details

Company Name _____

(List company name exactly as it should appear in the Scientific Program)

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 _____



Billing Information*

INVOICE Me Check Enclosed Charge the following credit card

A check in the amount of \$ _____ is enclosed.

Please charge the following credit card for \$ _____

Name on Card: _____

Credit Card Number: _____

Address: _____

City, State, Zip Code: _____

Expiration Date: _____

CVV: _____

Signature*

*Required if paying by credit card.

Checks must be made payable to:

Congress of Neurological Surgeons

Attn: Billing Dept

10 N. Martingale Road, Suite 190

Schaumburg, IL 60173-2294

Terms of Participation

All provisions of the Rules and Regulations and general information, as hereby published, shall be a part of this contract. The application deadline is Friday, September 6. We hereby apply, subject to the terms of the Joint Section on Pediatric Neurological Surgery's Rules and Regulations, for exhibit space.

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 pediatric 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 2024 Joint Section on Pediatric Neurological Surgery (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.

Reductions & Cancellations

All booth reductions and cancellations must be made in writing. Requests received in writing by Friday, September 6 will receive a full refund, less \$500 administrative fee. The Association will retain total cost of space being reduced or canceled after Friday, September 6. Refunds of cancellations or reductions will not be reimbursed until after the meeting date.