
Neurosurgical Society of Alabama

2016 Exhibitor Opportunities

NSA Annual Meeting
July 9-10, 2016
Hilton Sandestin, Destin, Fla.



Neurosurgical Society
of Alabama

NSA
19 S. Jackson Street
Montgomery, Ala. 36104
(334) 954-2500 | Fax (334) 269-5200
www.nsaneurosurgeons.com


About NSA...

The Neurosurgical Society of Alabama was established in 1974 to advance the interest in neurological surgery and allied subjects and for the following purposes:

- ▶▶ Foster a feeling of fraternal spirit among members of the medical and scientific professions in Alabama whose interests are chiefly concerned with neurological surgery and related fields;
- ▶▶ Advance knowledge in the above respective fields through the either clinical or preclinical endeavors; and
- ▶▶ Facilitate the dissemination of knowledge among

members of the Society concerning recent advances in any of the allied fields by appropriate means.

The association's members gather for continuing medical education at our Annual Conference where companies may exhibit and/or sponsor events, such as breaks, lunch and receptions.

We encourage the participation of our corporate partners to allow our members to learn more about your products and services, and give you an opportunity to introduce new items into the Alabama market. 

Exhibitor Guidelines...

Meeting Dates

Annual Conference
Hilton Sandestin, Destin, Fla.
July 9-10, 2016

Exhibit Setup

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. **Please indicate on the reservation form if you need access to electrical or Internet service.**

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. We are happy to fulfill requests if we are able. Representatives of NSA strive to make each event worthy of attendance by our members and patrons. If you have questions regarding the Exhibit Hall, please contact **Jill Smith** at (334) 596-0663 or by e-mail at jsmith@masalink.org.

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your completed registration form and payment must be received no later than June 24, 2016.

Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to **two representatives**, display time, meals and receptions. Please update NSA staff as soon as possible if your attendee changes. Additional representatives are welcome for an additional fee of \$250 per representative.

Concurrent Events


No exhibitor may hold any event at the same time as any NSA-sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during “free” times.

Shipping Booth and Exhibit Materials

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. Prior to the meeting, NSA staff will send shipping and dryage information to all confirmed exhibitors. ***NSA staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility.***

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. NSA will not be responsible for anything left in the Exhibit Hall at the end of the day.

Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a “No show” and the company will not receive a refund. 

2016 NSA Exhibitor Registration Form

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: _____

Company Contact: _____ Business Type: _____

Primary Phone: Office Cell _____ Alternate Phone: Office Cell _____ Fax: _____

Company Address: _____

City/State/Zip: _____

EXHIBITOR OPPORTUNITIES

Registration deadline for Annual Conference (July 9-10, 2016) is June 9, 2016...... \$2,000

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

Additional representatives are welcome for \$250 each.

Third Attending Rep's Name _____ E-mail _____ \$250

Fourth Attending Rep's Name _____ E-mail _____ \$250

SPONSORSHIP OPPORTUNITIES

Expand your brand outside the exhibit hall by sponsoring any of the following events:

Saturday Dinner Party \$1,500

Friday Night Reception..... \$1,000

Breakfast \$500

Break..... \$250

Grand Total Due (Exhibit Fee and Sponsorships) \$ _____

Exhibit space allows for a 6-foot table and two chairs.

Check here if you need additional space for a large display or equipment. Our staff will contact you for details.

Will you need electricity? Yes No Will you need Internet? Yes No

Will you donate a door prize? Yes No

List competitors not to be located near. _____

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. NSA and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. NSA reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: _____ Date: _____

INSTRUCTIONS

Return signed form with your payment made out to NSA to Jill Smith, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to Jennifer Hayes at jhayes@masalink.org and note that payment will follow under a separate cover.



Neurosurgical Society of Alabama

OFFICERS

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Jennifer W. Hayes

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President-Elect

W. Brent Faircloth, MD

Secretary/Treasurer

Curtis Rozzelle, MD

Past President

Benjamin B. Fulmer, MD

Scientific Chairman

James Johnston, MD

LETTER OF REQUEST:

The Neurosurgical Society of Alabama was established in 1974 to advance interest in neurological surgery and allied subjects. The association's members gather for continuing medical education at our Annual Conference where companies may exhibit and/or sponsor events, such as breaks, lunch and receptions.

The target audience is Physicians, RN's, CRNP's, PA's and students. We expect approximately 30 attendees.

NSA is requesting your support by exhibiting your products/services at our Annual Conference. Your support allows us to continue with our educational offerings to our members and attendees. I hope this will encourage you to participate in the various sponsorships our conference needs.

The 2016 Annual Conference will be July 9-10, 2016, at the Hilton Sandestin, Florida.

The exhibitor registration fee includes up to two representatives, a display table, two chairs and a wastebasket. Company representatives are also encouraged to attend all meals and receptions.

Please let me know if you need additional information. We understand that submission of this letter does not constitute a commitment for your company to support this activity. We greatly appreciate your support for our activity.

Sincerely,

Jennifer Hayes
Executive Director

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Neurosurgical Society of Alabama

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ **Non Profit Corporation**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
3280 Dauphin St. Bldg. A

6 City, state, and ZIP code
Mobile, AL 36606

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| Social security number | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 5 | 8 | - | 1 | 9 | 4 | 0 | 0 | 4 | 1 |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶ **5/14/15**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.