



Neurosurgical Society of Alabama

2014 Annual Meeting | May 30 - June 1, 2014
Sandestin Golf & Beach Resort | Destin, FL

Exhibitor Registration Form

SPONSORSHIP LEVELS (Check level of choice. All sponsorship levels go up by \$100 per level on May 1, 2014.)

GOLD - \$3,500

- Company logo on NSA website noted as a Gold Patron with live link to company's website
- Company logo on patron signage throughout the activity
- Recognition in meeting app
- Banner ad and 2 push notifications in meeting app
- 50-words or less company description in meeting app
- Complimentary registration for 4 company representatives
- Complimentary tickets for 2 representatives for the Saturday Night Dinner Party
- Priority placement in exhibit hall
- Patron level ribbons on name badges
- One 6' exhibit table

SILVER - \$2,500

- Company name on NSA website noted as a Silver Patron
- Company name on patron signage throughout the activity
- Recognition in meeting app
- 1 push notification in meeting app
- 50-words or less company description in meeting app
- Complimentary registration for 3 company representatives
- Complimentary ticket for 1 representative for the Saturday Night Dinner Party
- Assigned placement in exhibit hall
- Patron level ribbons on name badges
- One 6' exhibit table

BRONZE - \$1,500

- Company name on NSA website noted as a Bronze Patron
- Company name on patron signage throughout the activity
- Recognition in meeting app
- Complimentary registration for 2 company representatives
- Assigned placement in exhibit hall
- Patron level ribbons on name badges
- One 6' exhibit table

- QTY.**
- ADDITIONAL REP (\$200 EACH)** _____
- ADDITIONAL TABLE (\$700 EACH)** _____

OTHER ADD-ON OPPORTUNITIES AVAILABLE. CONTACT KAREN MANNING AT 404.731.3167 FOR MORE DETAILS.

CONTACT INFORMATION

Company Name:	Contact Name:
Address:	City, State, Zip:
Phone:	Fax:
Email Address:	

EXHIBITOR NAMES (Please refer to exhibitor levels to see how many representatives your sponsorship includes.)

Rep #1 Name:	Email:
Rep #2 Name:	Email:
Rep #3 Name:	Email:
Rep #4 Name:	Email:

METHOD OF PAYMENT

CHECK
 VISA
 MC
 AMEX
 TOTAL: \$ _____

*Make checks payable to Neurosurgical Society of Alabama.

Name on Card: _____ Signature: _____

Billing Address: _____ City, State, Zip: _____

Credit Card No.: _____ CVV Code: _____ Expiration Date: _____

REFUND POLICY

Cancellation for all registered exhibitors 30+ days prior to Wednesday, April 30, 2014 are eligible for 50% refund. Cancellation 29 days or less before Friday, May 30, 2014 are not eligible for a refund.

Signature: _____ Date: _____

By signing this document, I agree and adhere to all policies and regulations. I guarantee payment in full due to the amount indicated on the exhibitor registration form. If for any reason, the 2014 NSA Annual Meeting must be cancelled, management is not liable for any costs other than entry space fees that are already pre-paid. If the date or location must be changed for any reasons beyond management's control, it is agreed that the booth fee is non-refundable as a date or location change will be provided. If an exhibitor decides to cancel this agreement and not exhibit at the event, a 50% refund will be issued if cancelled 30+ days prior to the meeting date. Cancellations 29 days or less before the meeting date are not eligible for a refund. Must allow 6-8 weeks for refund processing.

PLEASE EMAIL THIS FORM TO [KAREN@THEASSOCIATIONCOMPANY.COM](mailto:karen@theassociationcompany.com) OR FAX TO (305) 422-3327 OR MAIL YOUR REGISTRATION AND PAYMENT TO: NSA, 6134 POPLAR BLUFF CIRCLE, SUITE 101, NORCROSS, GA 30092.