

#### **OFFICERS**

President Curtis Rozzelle, MD

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Secretary/Treasurer James Johnston, MD

Past President W. Brent Faircloth, MD

Scientific Chairman Nicole Bentley, 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, RNs, CRNPs, PAs and students. We expect approximately 30 attendees.

NSA is requesting your support by exhibiting your products/services at our Annual Conference, May 29-31, at the Renaissance Birmingham Ross Bridge Golf Resort and Spa, 4000 Grand Ave., Birmingham, AL 35226. The NSA room rate is \$179 per night. Call (800) 468-3571 and ask for the Neurosurgical Society of Alabama room block.

The exhibitor registration fee is \$2,000, with additional opportunities for sponsorships. The exhibitor registration fee includes a display table, two chairs and a wastebasket. Should you need power or Internet access, however, please designate that on the registration form. Your representatives are also encouraged to attend all meals and the reception. **Expand your brand outside the exhibit hall by sponsoring an event or item with your company logo!** All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis. See the Exhibitor Registration form for details.

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.

Send payment and registration form to: NSA c/o Megan Martin PO Box 1900 Montgomery, AL 36102

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,

Meghan Martin

Director of Membership and Specialty Society Services

# Neurosurgical Society of Alabama 2020 Exhibitor Opportunities

# NSA Annual Meeting May 29 – 31 Renaissance Birmingham Ross Bridge Golf Resort and Spa



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 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.

If you have questions about the conference and marketing opportunities, please contact Mallory Camerio at (334) 954-2580 or by e-mail at *mcamerio@alamedical.org*.

### Exhibitor Guidelines...

#### Meeting Date and Location

May 29 – 31, Renaissance Birmingham Ross Bridge Golf Resort and Spa, 4000 Grand Ave., Birmingham, AL 35226. The discounted rate is \$179 per night. Call (800) 468-3571 and ask for the Neurosurgical Society of Alabama room block.

#### Exhibit Setup and Break Down

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. Exhibit set up and removal details will be provided soon.

#### 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. Please indicate on the reservation form if you need access to electrical or Internet service. We strive to make each event worthy of attendance by our members and patrons.

#### 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 May 1, 2020.

#### **Exhibit Staff and Event Attendance**

Exhibit registration includes attendance for up to **two representatives**, display time, meals and reception. Please update NSA staff as soon as possible if there is a change in your representative. 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.

#### **Booth Sharing**

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, NSA staff will make every effort to place companies next to each other in the exhibit hall.

#### 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. NSA is not responsible for any shipping or storage charges.

#### 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.

#### Suitcasing Policy

Suitcasing is the action of soliciting business during the NSA conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the Exhibit Hall, any person(s) who HAVE NOT paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

## 2020 NSA Exhibitor Registration Form

#### **COMPANY INFORMATION PLEASE PRINT CLEARLY**

Exhibiting Company Name to appear on promotions:	,	
Company Contact:	E-mail:	
Primary Phone:   Cell	Business Type:	
Company Address:		
City/State/Zip:		
EXHIBITOR OPPORTUNITIES  Registration deadline for Annual Conference (May 29-	31, 2020) is May 1, 2020	\$2,000
First Attending Rep's Name:	E-mail:	
Second Attending Rep's Name:	E-mail:	
Additional representatives are welcome for \$250 each	1.	
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 sponsorin All sponsors receive priority booth placement. Sponsor		
Saturday Dinner Party		🗖 \$1,500
Friday Night Reception		\$1,000
Breakfast		<b>□</b> \$ 550
Break		\$ 250
NEW Hotel Room Key Cards		\$1,000
NEW Program Jump Drives		\$1,000
NEW Conference Bags		\$2,000
Grand Total Due (Exhibit Fee and Sponsorships) Note:	Add 3% if paying by credit card	\$
Exhibit space allows for a 6-foot table and two chairs.  ☐ Check here if you need additional space for a large of the chair is	display or equipment. Our staff will cont	act you for details.
Will you need electricity? ☐ Yes ☐ No Will you donate a door prize? ☐ Yes ☐ No	ill you need Internet? ☐ Yes ☐ No	
List competitors not to be located near.		

#### **ACCOMMODATIONS**

NSA has reserved a block of rooms at the Renaissance Birmingham Ross Bridge Golf Resort and Spa, 4000 Grand Ave., Birmingham, AL 35226. The discounted rate is \$179 per night. Call (800) 468-3571 and ask for the Neurosurgical Society of Alabama room block.

# 2020 NSA Exhibitor Registration Form (page 2)

Company Name		
METHOD OF PAYMENT  ☐ VISA ☐ MasterCard ☐ Ame	rican Express 🚨 Check made	payable to NSA
Cardholder Name:		
Billing Address:		
City, State, ZIP:		
Card Number:	Exp. Date:	Security Code:
Signature:	Amount: \$	Billing Zip Code:
to protect against all claims, lossefull as indicated on this form. ALM	es and damages to persons or p IDA and the Medical Associatio is, losses and/or damages to pe	assume all responsibilities and agree property; and guarantees payment in in of the State of Alabama shall not rsons or property. NSA reserves the lanation.
Signature:		Date:
	booth (recommended), fax this	merio, P.O. Box 1900, Montgomery, form to (334) 269-5200 or e-mail it to nder a separate cover.
For office use only.		

## Form W-9

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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							
				~~~~				
page 3.	following seven boxes.	neck appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the lowing seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
15 on	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation single-member LLC	on Partnership Trust/estate			Exempt payee code (if any)			
ξ. Significant Significant S	Limited liability company. Enter the tax classification (C=C corporation, S=	=S corporation, P=Partnership) ▶						
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax put is disregarded from the owner should check the appropriate box for the tax of the same should check the appropriate box for the tax of the same should check the appropriate box for the tax of the same should check the appropriate box for the tax of the same should check the appropriate box for the same should check the same should be same should check the same should be same should	of the single-member owner. Do not check in the owner unless the owner of the LLC is coses. Otherwise, a single-member LLC that		Exemption from FATCA reporting code (if any)				
citi				(Applies to accounts maintained outside the U.S.)				
Spe	5 Address (number, street, and apt. or suite no.) See instructions.				nd address (optional)			
See	19 S. Jackson Street							
0)	6 City, state, and ZIP code							
	Montgomery, AL 36104							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)		•					
	your TIN in the appropriate box. The TIN provided must match the nam		Social sec	urity nu	mber			
	p withholding. For individuals, this is generally your social security num nt alien, sole proprietor, or disregarded entity, see the instructions for I							
	s, it is your employer identification number (EIN). If you do not have a r			╛┖		ı TL		
Γ/N, la	iter.		or					
	If the account is in more than one name, see the instructions for line 1.	. Also see What Name and	Employer	identific	ation n	umber		
Numb	er To Give the Requester for guidelines on whose number to enter.		58	- 1 1	9 4	0 0	4	1
			3 0					L <u>'</u>
Part	The state of the s							
	penalties of perjury, I certify that:							
	number shown on this form is my correct taxpayer identification number not subject to backup withholding because; (a) I am exempt from backup.						l Boy	onuo.
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	n a U.S. citizen or other U.S. person (defined below); and							
l. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting is co	rrect.					
Certifi	cation instructions. You must cross out item & above if you have been no	otified by the IRS that you are o	currently subj	ect to b	ackup	withho	lding l	oecause
cquis	we failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, b	ons to an individual retirement	arrangement	(IRA), a	nd gen	erally,	paym	ents eter
Sign			1 -	1	0.			
lere	Signature of U.S. person ►	Date ►	1/2	4	17			
General Instructions		Form 1099-DIV (dividends, including those from stocks or mutual funds)						
Section references are to the Internal Revenue Code unless otherwise noted.		<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>						
Future developments. For the latest information about developments elated to Form W-9 and its instructions, such as legislation enacted		<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>						
ofter they were published, go to www.irs.gov/FormW9.		<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> </ul>						
Purpose of Form • Form		Form 1099-K (merchant card and third party network transactions)						
n individual or entity (Form W-9 requester) who is required to file an nformation return with the IRS must obtain your correct taxpayer		<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>						
	ication number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled debt)						
	rer identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)						
EIN), to report on an information return the amount paid to you, or other mount reportable on an information return. Examples of information		Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.						
eturns include, but are not limited to, the following.		If you do not return Form W-9 to the requester with a TIN, you might						

later.