



Neurosurgical Society of Alabama

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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 25-30 attendees.

NSA is requesting your support by exhibiting your products/services at our Annual Conference, **May 30 – June 1, at Hotel Effie, Hotel Effie, 1 Grand Sandestin Blvd, Miramar Beach, FL 32550.**

The NSA room rates begin at \$283 per night. Book a room online at <https://tinyurl.com/NSA2025HotelEffie>. The room block closes on May 1, 2025.

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.

Increase your visibility with attendees by sponsoring an event, meal or break. 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 Erich Burbage
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

2025 Exhibitor Opportunities

NSA 2025 Annual Meeting
May 30 - June 1, 2025
Hotel Effie, Sandestin, 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 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 Erich Burbage at (334) 954-2515 or by e-mail at eburbage@alamedical.org.

Exhibitor Guidelines...

Meeting Date and Location

May 30 - June 1, 2025, Hotel Effie, 1 Grand Sandestin Blvd, Miramar Beach, FL 32550.

The NSA room rates begin at \$283 per night. Book a room online at <https://tinyurl.com/NSA2025HotelEffie>. The room block closes on May 1, 2025.

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. Set up and take down times, agenda and shipping information will be sent one month prior to the meeting dates. Electrical, telephone, food/beverage, or audio/visual equipment, should be arranged through the hotel.

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.

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 April 30, 2025.

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. *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.

Attendee List

ACCME requires that attendees “opt in” to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

2025 NSA Exhibitor Registration Form

COMPANY INFORMATION PLEASE PRINT CLEARLY

Exhibiting Company Name to appear on promotions: _____

Company Contact: _____ E-mail: _____

Primary Phone: Office Cell _____ Business Type: _____

Company Address: _____

City/State/Zip: _____

EXHIBITOR OPPORTUNITIES

Registration deadline for Annual Conference (May 30 - June 1) is April 30, 2025 \$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 an event **or item with your company logo!**

Choose an event below and contact us for opportunities to have your logo on items given to attendees.

All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis.

Friday Night Reception \$1,000

Saturday Dinner Party \$1,500

Breakfast \$ 550

Break..... \$ 250

Hotel Room Key Cards \$1,000

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 display or equipment. Our staff will contact you for details.

Will you donate a door prize? Yes No

List competitors not to be located near. _____

ACCOMMODATIONS

NSA has reserved a block of rooms at Hotel Effie, 1 Grand Sandestin Blvd, Miramar Beach, FL 32550.

The NSA room rates begin at \$283 per night. Book a room online at <https://tinyurl.com/NSA2025HotelEffie>.

The room block closes on May 1, 2025.

2025 NSA Exhibitor Registration Form (page 2)

Company Name _____

METHOD OF PAYMENT

VISA MasterCard American Express Check made payable to NSA

Cardholder Name: _____

Billing Address: _____

City, State, ZIP: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Amount: \$ _____ Billing Zip Code: _____

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 (**both pages**) with your payment to Erich Burbage, 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 eburbage@alamedical.org and note that payment will follow under a separate cover.

NSA Tax ID#: 58-1940041

For office use only.

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Neurosurgical Society of Alabama</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <i>Note:</i> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Non-profit corporation exempt under 501 (c)(6) </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the United States.)</p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>19 S. Jackson St</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>Montgomery, AL 36104</p>	
	<p>7 List account number(s) here (optional)</p>	

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>
or	
Employer identification number	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 5 8 - 1 9 4 0 0 4 1 </div>	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
		5/14/24

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they