

EXHIBIT APPLICATION

Contact *All materials will be sent to the person listed below.*

Name _____

Email _____ Phone _____

Company Information *Name will appear in final program as written below.*

Company Name _____

Mailing Address _____

Email _____ Phone _____

Fax _____ Website _____

Company Description *Submit no more than 50 words to sponsorship@myana.org.*

Exhibit fees must be received by August 20, 2019 to be recognized in the final program and on-site signage. Registration forms to register company representatives and an exhibitor kit will be sent after ANA receives payment.

Regular Rates

Tabletop Exhibit..... \$2,500

Kiosk Exhibit..... \$4,300

I prefer not to be close to (please list companies or business type): _____
All exhibit space is assigned on a first-come, first-served basis.

Payment Information

Check *Make check payable to the American Neurological Association.*
1120 Route 73, Suite 200, Mount Laurel, NJ 08054

Credit Card *(Check one)* Visa Mastercard AMEX

Credit Card # _____ Expiration Date _____ CVV # _____

Name on Card _____

We/I agree to abide by all the requirements, restrictions, and obligations for ANA2019. We/I assume the entire responsibility and liability for losses, damages, and claims arising from injury or damage to our/my displays, equipment, and other property brought upon the premises of the Marriott St. Louis Grand and shall indemnify and hold harmless the agents and employees of the Marriott St. Louis Grand, and the ana from any such losses, damages and claims. By signing this, we/I state that we/I am hereby authorized to reserve space for our/my use in the exhibit area of the 144th Annual Meeting of the American Neurological Association to be held October 13–15, 2019 at the Marriott St. Louis Grand.

Cancellations

Cancellation of exhibit space must be made in writing and will be effective the date such notice is received in the ANA office.

Signature _____