

TNS 2025 Annual Winter and Summer Conferences Exhibitor Prospectus



TNS 2025 APPLICATION FOR EXHIBIT SPACE

Exhibiting Company _____

Address _____

City/State/Zip _____ Phone _____

Personnel who should receive exhibit confirmation materials:

Note that all materials will be sent via email ONLY

Primary Contact Person _____

Address _____

City/State/Zip _____ Phone _____

Primary Contact Email _____

Secondary Contact Person _____

Address _____

City/State/Zip _____ Phone _____

Secondary Contact Email _____

2025 WINTER CONFERENCE EXHIBITOR OPPORTUNITIES

<input type="checkbox"/> Standard \$4,500	<input type="checkbox"/> Bronze Sponsor \$10,000	<input type="checkbox"/> Silver Sponsor \$12,500	<input type="checkbox"/> Gold Sponsor \$15,000	<input type="checkbox"/> Product Theater \$25,000
<input type="checkbox"/> Extra Face Time with Attendees! \$500.00 <small>See more information on Page 3</small> <small>(Note: This offer is available only to exhibitors who are participating for the entire duration of the meeting)</small>	Please Check <u>One</u> <input type="checkbox"/> Coffee Break <input type="checkbox"/> Lanyards	Please Check <u>One</u> <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Friday Lunch	Please Check <u>One</u> <input type="checkbox"/> Welcome Reception <input type="checkbox"/> Meeting App	<i>This includes a one-hour timeslot offered by TNS during breakfast or dinner and basic AV (mic, podium, and screen). The fee also includes the Standard Exhibitor/Display so your company can be represented in Austin, TX on January 30 - February 2, 2025</i>

2025 SUMMER CONFERENCE EXHIBITOR OPPORTUNITIES

<input type="checkbox"/> Standard \$4,500	<input type="checkbox"/> Bronze Sponsor \$10,000	<input type="checkbox"/> Silver Sponsor \$12,500	<input type="checkbox"/> Gold Sponsor \$15,000	<input type="checkbox"/> Product Theater \$25,000
	Please Check <u>One</u> <input type="checkbox"/> Coffee Break <input type="checkbox"/> Lanyards	Please Check <u>One</u> <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Friday Lunch	Please Check <u>One</u> <input type="checkbox"/> Welcome Reception <input type="checkbox"/> Meeting App	<i>This includes a one-hour timeslot offered by TNS during breakfast or dinner and basic AV (mic, podium, and screen). The fee also includes the Standard Exhibitor/Display so your company can be represented in San Antonio, TX on July 18 - 19, 2025</i>

Payment Options

Cancellation Policy

Cancellation request must be sent to exhibits@cameroams.com no later than **January 4, 2025** (Winter Conference) and **July 2, 2025** (Summer Conference) to receive a full refund. Refunds will not be given after **January 5, 2025/July 3, 2025**

Credit Card - Sign up at www.texasneurologist.org

Check - Mail to: Texas Neurological Society | 15511 Hwy 71 West, PMB 256 | Austin, TX 78738

Questions? Call (512) 887-3875 or email: exhibits@cameroams.com

Email form to: exhibits@cameroams.com or mail to: TNS | 15511 Hwy 71 West, PMB 256, Austin, TX 78738

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Payment Deadline

In exchange for payment in full for the exhibit space contracted by the Exhibitor, TNS will provide exhibit space as outlined in the Exhibitor Regulations. For the Winter Conference, payment in full is due by January 7, 2025 and for the Summer Conference, July 3, 2025. It is not necessary to send payment with this application form, but payment must be received by the established deadline(s).

Qualifications of an Exhibitor

TNS show management will, in its sole discretion, determine whether a prospective Exhibitor is eligible to participate in the TNS show(s). Exhibitors shall be limited to those who products or services are related to neurology, medical, professional, or practice interests. The TNS reserves the right to refuse to provide exhibit space to any Exhibitor not compatible with the general character and objectives of the TNS show(s), or if the TNS show(s) is full upon receipt of the application.

Cancellation Deadline

A full refund will be made to the exhibitor only if written notice is received by January 7, 2025 for the Winter Conference and July 3, 2025 for the Summer Conference.

If, after the contract is entered into, the TNS fails or is unable to provide an Exhibitor with the opportunity to exhibit at the TNS Show(s), due to fire, strikes, authority of the law, act of God or any other cause or reason, and the Exhibitor is not responsible for such failure, the Exhibitor's sole and exclusive remedy shall be the return of all monies that it has paid in connection with the Application/Contract. In such case, the TNS shall bear no further liability or responsibility under such agreement.

EXHIBITOR AGREES TO BE RESPONSIBLE FOR HIS/HER OWN PROPERTY. EXHIBITOR SHALL RELEASE AND HOLD HARMLESS AND INDEMNIFY TEXAS NEUROLOGICAL SOCIETY FROM ANY AND ALL CLAIMS OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES AND ASSESSMENTS, INCLUDING LEGAL FEES THAT RESULT FROM AN ALLEGATION OF NEGLIGENCE ON THE PART OF THE EXHIBITOR OR TEXAS NEUROLOGICAL SOCIETY OR THIRD PARTIES IN THE USE OF THE EXHIBIT SPACE OR ACTIVITIES IN CONNECTION WITH THE USE OF THE EXHIBIT SPACE.

Acceptance of Application

Acceptance of this application as an agreement between the Exhibitor and the Texas Neurological Society will occur only when an official confirmation packet has been sent by TNS. It is understood that disapproval of an Exhibitor, per the terms outlines in the Exhibitor Regulations, will result in termination of the agreement without penalty to either party.

Exhibitor Regulations Agreement

The undersigned acknowledges and agrees to the Exhibitor Regulations as published by the Texas Neurological Society (available at www.texasneurologist.org or upon request) which are considered to be part of this agreement between the Exhibitor and the Texas Neurological Society.

Warranty of Authorization

The Exhibitor and person signing this application on its behalf represent and warrant that the undersigned person is a duly authorized and appointed agent of the Exhibitor, is fully empowered to bind the exhibitor to all provisions contained in this agreement.

Title _____ Date _____

Signature _____

Company _____

Please return both pages of this application along with any payment to:
Texas Neurological Society | 15511 Hwy 71, PMB 256 | Austin, TX 78738
exhibits@cameroams.com