

# 2024 ANNUAL CONFERENCE ADVANCES IN NEUROLOGY

*Greenville, South Carolina*

## EXHIBITOR PROSPECTUS



**September 20-21, 2024**

AC Marriott Hotel

Greenville, South Carolina

Dear Corporate Sponsor,

We would like to invite you to participate at the South Carolina Neurological Association's 2024 Annual Meeting: Advances in Neurology.

This year's conference is scheduled for September 20-21 at the AC Marriott Hotel in Greenville, South Carolina. Participants will include neurologists, primary care physicians, nurse practitioners and physician assistants, nurses, physical/occupational/speech therapists from South Carolina, North Carolina, and Georgia, who are engaged in the care of Neurology patients. This meeting gives them the opportunity to stay informed about the latest clinical advances and research findings in the field.

Our staff is available to help you choose from the multiple Sponsorship Packages being offered. Included in the documents you will also find the meeting schedule. We look forward to working with you to make this meeting a successful event.

Sincerely,  
Dr. Nishanth Kodumir  
President, South Carolina Neurological Association

### FRIDAY, SEPTEMBER 20, 2024

3:00-5:00pm	Exhibitor Set-up
4:30-5:00pm	Poster Setup
5:00-6:00pm	Exhibits Open/Welcome Reception/Poster Presentations
5:30-6:00pm	SCNA Neurology Advanced Practice Provider Networking Session
6:00-7:00pm	President's Welcome; followed by Neurobowl (Resident teams from Prisma Columbia; Prisma Greenville; Medical University of South Carolina)
7:00-8:30pm	Dinner and Debate

### SATURDAY, SEPTEMBER 21, 2024

7:00am-7:30pm	Registration
7:00-10:30am	Exhibits
7:00-7:30am	Breakfast Buffet
7:30-8:30am	Neuroimmunology
8:30-9:30am	Neuro rehabilitation
9:30-10:30am	Vascular Neurology
10:30-11:00am	Break and Exhibits
11:00-12:00pm	Behavioral neurology/Dementia
12:00-1:00pm	Lunch/Business Meeting/Botox Training Session for residents and medical students
1:00-1:30pm	Headache/Pain medicine
1:30-2:30pm	Neuromuscular medicine
2:30-3:30pm	Movement Disorders
3:30-3:45pm	Break
3:45-4:25pm	Business of Neurology
4:25-5:00pm	Neuro ophthalmology

# \$2,000

## **EXHIBITOR**

- Exhibit space at SCNA Annual Meeting
- Two company representatives may attend annual meeting
- Recognition of partnership in annual meeting program

# \$3,000

## **BRONZE PARTNER**

- Exhibit space at SCNA Annual Meeting
- Three company representatives may attend annual meeting
- Recognition of partnership in annual meeting program
- Recognition of partnership in one SCNA member newsletter (company logo)

# \$4,000

## **SILVER PARTNER**

- Exhibit space at SCNA Annual Meeting
- Four company representatives may attend annual meeting
- Recognition of partnership in annual meeting program
- Recognition of partnership in one SCNA member newsletter (company logo & short description)
- Recognition of partnership on SCNA website (company logo)

# \$5,000

## **GOLD PARTNER**

- Exhibit space at SCNA Annual Meeting
- Up to five company representatives may attend annual meeting
- Recognition of partnership in annual meeting program
- One-half page ad regarding partnership in one SCNA member newsletter
- Recognition of partnership on SCNA website (company logo & short description)
- Recognition of partnership on SCNA meeting signs (SCNA retains rights to limit dimensions)
- Opportunity to provide information to be included in an SCNA email blast(s)
- Assistance with opportunity to have product theatre time at the annual meeting
- Reserved booth in premium location



**CME Activity:**

**Activity Date(s):**

**Activity Location:**

**Exhibitor Agreement between the University of South Carolina School Of Medicine-Prisma Health–Midlands Continuing Medical Education (USCSOM-PHM CME) organization, hereinafter Provider, and (Company Name) , hereinafter Exhibitor.**

- 1.1 **[Provider]** shall maintain full control over the planning, content, quality, scientific integrity, implementation, and evaluation of the activity, and over the selection of speakers, moderators, authors, planning committee members, or other faculty for the activity.
- 1.2 Meaningful disclosures shall be made to the activity audience.
- 1.3 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with presentations, nor can they be a condition of the provision of support for CME activities.
- 1.4 No commercial promotional materials or messages shall be displayed or distributed in the same room within thirty minutes before, during a break, or after the educational activity.
- 1.5 Representatives of **[Exhibitor]** may not engage in sales or promotional activities while in the room where the educational activity takes place.
- 1.6 **[Provider]** will make all decisions regarding the disposition and disbursements of funds from commercial interests.
- 1.7 **[Provider]** and **[Exhibitor]** agree to abide by all requirements of The Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME), the AMA regulations regarding the Physician’s Recognition Award, the AMA Opinion 8.061: Gifts to Physicians from Industry, the AMA Opinion 9.011: Continuing Medical Education, and the USCSOM-PH CME Organization.

## AGREED

**Exhibitor Contact Information** Representative Name

Address City, State, Zip

Telephone Email

Signature Date

**Joint Provider** Organization

Representative Name Signature Date

CME Staff Signature Date

**Exhibitor Agreement must be completed and returned prior to the activity.**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. South Carolina Neurological Association	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

**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.

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

Social security number												
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Marc R. Green</i>	Date ▶
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### 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](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*