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**501(c)6 Tax ID:
51-0478773**

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Executive Director

June 22, 2018

Dear Supporters:

The San Francisco Neurological Society invites you to participate as an Exhibitor during the **Parkinson's Disease Symposium on Saturday, NOVEMBER 3 at the JW Marriott San Francisco Union Square, 500 Post Street, San Francisco**. All exhibitors will be provided with one six foot table for promotion of products or services in a room separate from the CME activity. Our policies for commercial support are within the ACCME guidelines. Please select your preferred participation level and complete the **Exhibitor Agreement** attached as well as the preliminary agenda.

Tentative Schedule of Events:

6:30 – 7:30 am	Set up display table
7:30 – 8:30 am	Registration, Breakfast and Exhibits
8:30 – 10:35 am	General sessions
10:35 – 11:05 am	30 minute - Coffee break with Exhibits
11:05 am – 3:30 pm	General Sessions
3:30 – 4:00 pm	30 minute - Coffee break with Exhibits
4:00 – 5:30 pm	General Sessions
5:30 pm	Adjourn

The San Francisco Neurological Society is a medical society, but not a charitable organization, and is incorporated as a non-profit 501(c) 6. Our Tax ID # is 51-0478773.

Please make checks payable to the **“SF Neurological Society”** and mail to the address listed at the top left.

Sincerely,



Amanda Pacia
Executive Director
San Francisco Neurological Society

Exhibitor Agreement Page 1 of 2

The San Francisco Neurological Society (SFNS) is committed to the continuing medical education (CME) of its members, designed to improve and enhance critical thinking and analysis of the latest neuroscientific information, to help promote innovation in the basic sciences, and to increase competence and improve practice performance and thereby patient care in the clinical sciences. This is accomplished by providing diverse, advanced, relevant, judicious, challenging and sometimes controversial information in the neurosciences, provided through didactic programs and scholarly debate. Our CME activities are independent of the control of commercial interests. As part of this commitment, the SFNS has outlined in this written agreement the terms, conditions, and purposes of Exhibitor support for its non-CME activities only, which are concurrent but in a separate room from the CME program.

PLEASE SELECT YOUR LEVEL OF PARTICIPATION

- PRE-PAID** - We have already paid via the annual meeting sponsorship, please sign us up (includes one six foot table and two chairs for exhibit staff)

SPONSORSHIPS – INCLUDE PRIME LOCATION IN EXHIBIT HALL AND RECOGNITION

- \$3,000 - PLATINUM exhibit fee – includes one six foot table and two chairs for exhibit staff
- \$2,000 - GOLD exhibit fee – includes one six foot table and two chairs for exhibit staff
- \$1,500 - SILVER exhibit fee – includes one six foot table and two chairs for exhibit staff

STANDARD DISPLAY FEE

- \$1,000 - Standard day exhibit fee – includes one six foot table and two chairs for exhibit staff
- \$300 - Nonprofit exhibit fee – includes one six foot table and two chairs for exhibit staff

EXTRAS– all opportunities include recognition on signage, verbal acknowledgments at program, and website

- \$200 - coffee sponsorship
- \$500 - PM coffee/cookie break sponsorship
- \$1,000 - breakfast sponsorship
- \$2,000 - lunch sponsorship

Date of Activity: November 3, 2018	Name of Commercial Interest (please add your company name here):
Location: Sir Francis Drake Hotel, San Francisco	Total Exhibit &/or Sponsorship Amount: \$ _____
Title of CME Activity: 2018 Parkinson’s Disease Symposium	Exhibit & sponsorship fees will be used to underwrite non-CME meeting related expenses.

_____ A check in the amount of \$ _____ will be sent in the mail (SFNS preferred method).

_____ Below is my credit card number. Please charge my card \$ _____.

Two representatives are allowed at the exhibit table at any given time.

Representative #1 attending: _____

Representative #2 attending: _____

Credit Card: Visa Mastercard American Express

Credit Card #: _____ Exp. Date: _____

Terms, Conditions, and Purposes

Independence

- 1. The CME activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
- 2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

- 3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
- 4. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this gift.
- 5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
- 6. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

- 7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
- 8. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

- 9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter and the SFNS agree to abide by all requirements of the ACCME Standards for Commercial SupportSM.

Name of Accredited Provider: San Francisco Neurological Society

Tax ID Number: 51-0478773

Contact Person: Amanda Pacia, Executive Director

Email Address: apacia@sfneurological.org

Phone Number: (650) 288-5339 / Fax Number: (650) 347-4975

Company Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Email Address: _____ Phone Number: _____

Agreed by Authorized Representatives

Commercial Interest

Accredited Provider

Signature and Date



6/22/18

Signature and Date

Print Name

Amanda Pacia
Print Name

Title

Executive Director
Title

**Return both pages with payment to: San Francisco Neurological Society
1630 S. Delaware St. #25327, San Mateo, CA 94401**

For credit card payments, you may fax this form to (650) 347-4975.

For more information, please call: Amanda Pacia, Executive Director: (650) 288-5339 or email apacia@sfneurological.org