September 5, 2017

On behalf of Richard J. Barohn, MD, I am pleased to contact you regarding our upcoming program. This letter serves as an invitation to exhibit at the **Neurology Update 2017 Conference** to be held November 4, 2017 at the Overland Park Sheraton Hotel located at 6100 College Blvd., Overland Park, KS. There will be several opportunities to visit with our attendees during registration and during the morning and afternoon breaks, as well as after the program adjourns. The display room, while separate from the educational activity, is easily accessible to participants.

Exhibit space is available for $2,000. This fee includes a standard exhibit table, two chairs, participation in the meals and acknowledgments in the syllabus and program signage. Please consult the enclosed application form and prospectus for more details.

To reserve your space today, e-mail or fax the attached exhibit application to Lynn Malleck at lmalleck@kumc.edu or 913-588-4486. Space is limited.

Exhibit checks should be made payable to “KU Medical Center-CM183009” and should be mailed with a copy of the application form. The applicable tax ID number for KU Medical Center is 48-1124839.

We anticipate that approximately 100 attendees will participate in this program, targeting neurologists. Attached

We sincerely hope you will consider supporting this worthwhile event by exhibiting at this continuing education program. Please do not hesitate to contact me directly at 913-588-4478 or mfloyd2@kumc.edu, or contact Lynn Malleck, program coordinator, at 913-588-4581 or lmalleck@kumc.edu with any questions you may have.

Sincerely,

Monya Floyd
Senior Program Manager

Enclosures
PROSPECTUS FOR EXHIBITORS

GENERAL CONDUCT

The following practices are prohibited:

1. Use of volatile or flammable fluids, substances, or any materials prohibited by city fire regulations or insurance carriers.

2. Use of noisy electrical or mechanical apparatus interfering with other exhibitors.

3. Canvassing or distributing any material outside the exhibitor's own space.

4. Subleasing exhibit space.

5. Use of billboard advertisement and/or display of signs outside of the exhibit area without prior approval.

6. Failure to comply with fire restrictions; all aisles and exits should be kept clear, clean and free from obstructions.

LIABILITY

It is agreed that individual exhibitors will protect, save and keep The University of Kansas from any damage or charges imposed for violation of any law or ordinance whether occasioned by the negligence of the exhibitor or those holding under the exhibitor, and will strictly comply with the applicable terms regarding the exhibition premises. Further, the exhibitor shall at all times protect, indemnify, save and keep harmless the above parties against and from any and all loss, cost, damage, liability, or expenses arising from or out of or by reason of any accident or other occurrence to anyone, including the exhibitor, its agents, employees and business invitees, which arise from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises or a part thereof.

INSURANCE

Exhibitors are urged to take out a portal-to-portal rider, which is available at a nominal cost on their own insurance policy to protect them against loss through theft, fire, damage, etc.
Exhibit Application

Neurology Update 2017
Saturday, November 4, 2017, Overland Park Sheraton Hotel, Overland Park, KS

Exhibit Set-Up Time: November 4 at 7:15 a.m.  Exhibit Breakdown Time: November 4 at 3:00 p.m.

- Exhibit Fee: $2,000.00 - Payable to "KU Medical Center- CM183009" Send check with copy of this form. The fee includes one exhibit table and two chairs. Two representatives may audit sessions and participate in the meals. Specify special needs below. Extra fees are charged to the exhibitor.

- To reserve your space today, e-mail or fax the form to Lynn Malleck at lmalleck@kumc.edu or 913-588-4486. Exhibit fee must be paid in advance in order to exhibit at the program. Confirmation sent once payment is received. Spot can be held with credit card:
  - Charge to credit card below
  - Hold spot with credit card only until check arrives

Card Number: Card Type: Exp. Date: ______/______
(Visa, MasterCard, Etc.)
Name on card (print): _____________________________
Signature: _____________________________
(Required if paying with credit card)

Email address to which receipt should be sent: _____________________________

PLEASE PRINT

1. Company ______
   Name: _____________________________
   Title: _____________________________
   Street: _____________________________
   City, State, Zip: ________________

2. PERSON(S) REPRESENTING COMPANY AT EXHIBIT BOOTH: (PLEASE PRINT)

   Name: _____________________________
   Title: _____________________________
   Address: _____________________________
   City/State/Zip: _____________________________
   Ph. (__________) _____________________________
   Email: _____________________________
   Fax ( ________ ) _____________________________

   Name: _____________________________
   Title: _____________________________
   Address: _____________________________
   City/State/Zip: _____________________________
   Ph. (__________) _____________________________
   Email: _____________________________
   Fax ( ________ ) _____________________________

3. PRODUCTS/MATERIAL TO BE EXHIBITED:

4. SPECIAL SET-UP Needs: Electrical outlet access can be very limited. # of Outlets: ________ Wattage need: ________
   Telephone: ________ Other needs: _____________________________

5. Sign here to acknowledge the following statement. We agree to abide all requirements as outlined on this application and the attached exhibitor prospectus. Proprietary company representatives may not engage in sales activities where the educational activity occurs.

Authorized Signature: _____________________________
Title: _____________________________
Date: _____________________________

For CE Office Use Only: □ Application Received ________ □ Added to CloudCME ________
Rev. 1/17 Project #: CM183009 □ Payment Received ________ □ Confirmation Letter Sent ________