

EXHIBIT/SPONSOR REGISTRATION FORM
Georgia Neurological Society – 2026 Annual Meeting
Georgia Aquarium / March 27 – 28, 2026

Statement of Purpose:

- Company/Entity agrees to purchase exhibit space or provide sponsorship in the amount **selected on PAGE 2 of this form** to participate/exhibit at the above named Activity. This agreement is conditioned upon Company/Entity review and acknowledgement of the terms outlined below and emailing this signed acknowledgement to **admin@ganeurosociety.org**; at least 30 days before the Activity date.

Promotional Activities:

1. The Exhibitor/Sponsor agrees to abide by the ACCME [*Standards for Integrity and Independence in Accredited Continuing Education*](#).
2. Arrangements for exhibits may neither influence planning nor interfere with the presentation of the educational Activity.
3. Exhibitor/Sponsor may promote their products only at designated times and in designated areas during the Activity.
4. Commercial/promotional materials may not be displayed nor distributed in the same room before, during, or after the Activity nor in any material disseminated as part of the program.
5. Representatives of commercial supporters and/or exhibitors may enter and engage in the educational session but may not engage in sales activity in the room where the Activity is held.
6. As the accredited CME sponsor of this educational activity, **Academic CME** requires all exhibitors to disclose, through signage at exhibit booths, the FDA status of the medical devices or pharmaceuticals displayed. Information on these rules & regulations may be obtained from the FDA.
7. Exhibit/Sponsorship fees are payable to the **Georgia Neurological Society (Tax ID # 20-8173098)** prior to the beginning of the Activity.
8. GNS and Academic CME, not the exhibiting Company, have ultimate responsibility for planning, design, content and execution of the Activity.
9. No part of any payment for an exhibit is conditioned in any way on the explicit or implicit requirement or expectation of the purchase or recommendation of exhibitor/sponsor products.
10. In the unlikely Activity that the program is cancelled, funds (minus any expenses) will be returned. If the Activity is rescheduled, GNS may retain funds to support the postponed Activity.

Accreditation Statement



In support of improving patient care, Academic CME is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The Exhibitor/Sponsor hereby agrees to the terms and conditions above.

Exhibitor: _____

Name: _____ Date _____

Title of Authorized Person: _____

Address: _____

Email: _____ Phone: _____

EXHIBIT/SPONSOR REGISTRATION FORM
Georgia Neurological Society – 2026 Annual Meeting
Georgia Aquarium / March 27 – 28, 2026

General Information	Company Name: Contact Name: Mailing Address: Email Address: Contact Phone #: Representatives Attending (for name Badges):
Additional Needs	Additional Needs (e.g., proximity to other exhibitors or special equipment or electrical outlets, etc) Please Note: Requests are honored on a first come, first served basis. Please respond no later than Friday, February 27, 2026. Final details will be emailed to you by Monday, March 23, 2026
<input type="checkbox"/> Bronze (\$3,000)	1 x 6ft Exhibitor Table, 2 Rep Badges
<input type="checkbox"/> Silver (\$4,000)	1 x 6ft Exhibitor Table, 2 Rep Badges + Friday Night Sponsorship
<input type="checkbox"/> Gold (\$6,000)	2 x 6ft Exhibitor Table+ 4 Rep Badges + Friday Night Sponsorship
<input type="checkbox"/> Platinum (\$10,000)	2 x 6ft Exhibitor Table (Prime Location) + 4 Rep Badges + Friday Night Sponsorship + Product Theater (30 minute Commercial Lecture on Saturday, March 28, 2026). *** Limited to 2 Exhibitors Only

Payment Information	<input type="checkbox"/> Check Enclosed - Payable to Georgia Neurological Society – Tax ID # 20-8173098 <hr/> <input type="checkbox"/> Credit Card – preferred method - Go to: https://brushfire.com/gns/gns2026/608342 Enter Access Code “ SPONSOR2026 ” and submit your registration info and payment.
--------------------------------	--

ALL Sponsorship levels will include:

- (1) Acknowledgement in “Rolling Slides”, and**
- (2) General Easel Signage**

EXHIBIT/SPONSOR REGISTRATION FORM
Georgia Neurological Society – 2026 Annual Meeting
Georgia Aquarium / March 27 – 28, 2026

Regardless of payment method, this THREE (3) page form MUST be filled out, signed, and sent back to GNS.

EMAIL this form **(PREFERRED OPTION)**

admin@GaNeuroSociety.org

or MAIL this form (ALL 3 PAGES):

Attn: Dr. Athni, GNS President
175 Water Tower Ct
Macon, GA 31210

Request for Taxpayer Identification Number and Certification

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

► Go to 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.	
	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									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	Signature of U.S. person ► 	Date ► Dec 1, 2025
-----------	--	--------------------

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.

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.