

**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: \_\_\_\_\_

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<b>General Information</b>	Company Name:  Contact Name:  Mailing Address:  Email Address:  Contact Phone #:  Representatives Attending (for name Badges):
<b>Additional Needs</b>	<b>Additional Needs (e.g., proximity to other exhibitors or special equipment or electrical outlets, etc)</b>  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).  <b>*** Limited to 2 Exhibitors Only</b>

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

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

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**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@GaNeroSociety.org](mailto:admin@GaNeroSociety.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

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>Georgia Neurological Society</b></p>		
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>		
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) _____ <b>Non-profit - 501 (3)(c)</b></p>		<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>		
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>175 Water Tower Court</b></p>	<p>Requester's name and address (optional)</p>	
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Macon, GA 31210</b></p>		
	<p><b>7</b> List account number(s) here (optional)</p>		

## 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
2	0	-	8	1	7	3	0	9	8

## 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.

<b>Sign Here</b>	<p>Signature of U.S. person </p>	<p>Date <b>1/1/2026</b></p>
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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).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they