EXHIBIT APPLICATION

Exhibit fees must be received by August 1, 2023 in order for your company to be recognized in the final program and on-site signage. Registration forms to register company representatives, and an exhibitor kit, will be sent after payment is received by ANA.



CONTACT All materials will be sent to the person listed below.		
Name		
Email	Phone	
COMPANY INFORMATIO Company Name Mailing Address	N Name will appear in final program as writ	tten below.
COMPANY DESCRIPTION Submit a 50-word description, to be displayed in the conference mobile app, to: sponsorship@myana.org	■ 10' x 10' Exhibit Booth	\$3,500 \$2,500 on\$500 \$1,500
PAYMENT INFORMATION	All exhibit space is assigned by ANA on a first-come,	first-served basis.
☐ Check ☐ Credit Ca	ard (check one) □ Visa □ Mastercard □ AME	X
Make check payable to the American Neurological Association - 1120 Route 73, Suite 200, Mount Laurel, NJ 08054		
Credit Card #	Expiration Date	CVV #
Name on Card		
liability for losses, damages, and claims a upon the premises of the Philadelphia M the Philadelphia Marriott Downtown, and am hereby authorized to reserve space for Association to be held September 9 - 12, 2	nts, restrictions, and obligations of ANA2023. We/I assum rising from injury or damage to our/my displays, equipm arriott Downtown and shall indemnify and hold harmles of the ANA from any such losses, damages and claims. By or our/my use in the exhibit area of the 148th Annual Mee 2023 at the Philadelphia Marriott Downtown.	nent, and other property brought as the agents and employees of y signing this, we/I state that we/I eting of the American Neurological
notice is received in the ANA offi		be effective tile date such
Sponsor Signature		Date
ANA Doprosoptative Signature		Date