

Kranzler Chicago Review Course in Neurosurgery

January 14-20, 2023

David Rubenstein Forum 1202 East 60th Street Chicago, IL 60637



Please Join Us

The Kranzler Chicago Review Course in Neurosurgery is a continuing medical education activity sponsored by The University of Chicago Pritzker School of Medicine. The educational initiative includes a 7-day interactive live CME activity developed and delivered by leaders in the field of neurosurgery.

We are pleased to provide the following opportunities for organizations to advertise their products and services to attendees of the conference. Whether you are displaying your products in the exhibit space, interacting with physicians at one of the meal functions or gaining brand recognition for your company through program acknowledgements, your message will reach physicians, nurses, residents and allied health care professionals.

About the Conference

Title: Kranzler Chicago Review Course in

Neurosurgery

Date: January 14-20, 2023

Location: David Rubenstein Forum

1201 East 60th Street, Chicago, IL 60637

The Kranzler Chicago Review Course in **Neurosurgery** has been recognized as the most thorough review of neurosurgery to residents and practicing physicians for more than forty years. Founded in 1973, this course was launched in an effort to provide a comprehensive and intensive review for residents preparing for their written boards, newly-established neurosurgeons preparing for their oral boards, and practicing neurosurgeons who want to ensure their diagnostic and surgical skills are current. The course is named to memorialize Dr. Leonard Kranzler's commitment to directing the course which is hosted by Dr. Martin D. Herman and the University of Chicago. The week-long course has been updated to include continuous quiz questions to participants and self-assessment modules to supplement the rigorous lecture schedule offering neurology, critical care, neuroanesthesia, neuro-ophthalmology, neuropathology, neuroradiology, neuro-oncology, pediatric neurosurgery, vascular neurosurgery, spine, and functional neurosurgery

Anticipated Attendance: 50



EXHIBIT OPPORTUNITIES – Limited Availability

\$5,000: Lunchtime Exhibit

Includes sole sponsorship for (2) days and 2 registrations to the conference sessions.

First come first serve selecting sponsorship dates. Each of the 7 lunches over the duration of the Course will be devoted to one sponsorship per day. Exhibits will be visible and accessible to all meeting participants the entire day of your scheduled sponsorship. The exhibit fee includes one six-foot skirted table and 2 chairs in the lunch room, and acknowledgement in the course program.

Additional Conference Registrations may be purchased for Industry Representatives at \$395 per person.

Benefits of Exhibiting

- Sole sponsorship for the entire day selected
- Build recognition of your company and awareness of your products
- Multiple opportunities to meet with influential decision makers in a direct sales environment

*The University of Chicago and Meeting Achievements expect the commercial representative(s) to refrain from inviting faculty, quests or participants to social events.

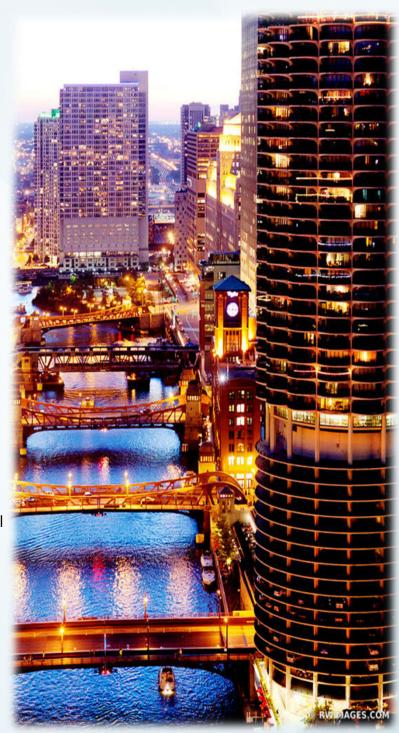


EXHIBIT GUIDE

General Exhibit Information



Date Options: January 14-20, 2023

Exhibit Location: David Rubenstein Forum

Exhibit Setup: 7:00 a.m. Daily

Display Hours: Daily 7:30 a.m. - 3:30 p.m. *See conference agenda for daily break times.

Exhibit Representation: At least one

representative must be at the display during exhibit

hours.

Exhibit Dismantle: Exhibits must be dismantled on your scheduled day by 3:30 p.m.

All exhibitors are responsible for their own shipping logistics and fees as well as arranging any electrical requirements.

How to Register for Exhibit Space

Return the enclosed exhibitor Application/Contract with your payment to:

- Meeting Achievements
 Attn: Kranzler Chicago Review Course in Neurosurgery
 567 West 250 South, Hebron, IN 46341
- or Email: leslie@meetingachievements.com

Space will be available on a first-come, first-serve basis. Please also note that any special events (i.e. any organized social events or technical programs and seminars during and around the conference days) must be in consultation with, and formally pre-approved by the conference organizers. Without exception, all exhibitors and attendees to the Conference are required to strictly adhere to this condition.

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Application & Payment Form (REQUIRED)

Please print clearly.

| Company | | | | | |
|------------------------------|--|-----------------------|---------------------------------------|----------------------|--|
| Contact Person | | | | | |
| Title | | | | | |
| E-mail Address | | | | | |
| Address | | | | | |
| City | | | State/Province | | |
| Postal Code | | | Country | | |
| Telephone | | Facsimile | | | |
| EXHIBIT: | | | | | |
| | | Lunchtime Exhibit Fee | Э | \$ 5,000 USD | |
| | | | | | |
| Preferred Sponsorship Dates: | | | <u>Available Dates:</u> | | |
| 1st Choice: | | | Saturday 1/14, Sunday 1/15, Monday 1/ | | |
| | | | Tuesday | 1/17, Wednesday 1/18 | |
| 2 nd Choice: | | | Thursday 1/19, or Friday 1/20 | | |
| ^{3rd} Choice: | | | | | |
| otal Amount: | | | | | |

<u>Exhibitor space is limited</u> Deadline for exhibitor/support space is December 19, 2022 or when space reaches capacity (whichever comes first). All exhibitors & supporters will receive a confirmation letter with additional logistic details.

Please also sign and return attached "Exhibitor/Support Agreement Rules" on page 9.

PAYMENT OPTIONS

| heck/ | Money | Order | Pav | /ment |
|------------|----------|-----------|-----|-------------------|
| 110010 | 11101101 | O I G C I | | , , , , , , , , , |

Please make check payable to: **Meeting Achievements** (*TID 371464588*). Mail the application/payment form, exhibitor/supporter agreement, and the check/money order to: Meeting Achievements

Attn: Kranzler Chicago Review Course in Neurosurgery

567 West 250 South, Hebron, IN 46341

| Credit Card Payment Check one: VISA | Mastercard | American Express | |
|--|------------|------------------|--|
| Credit Card Number | | | |
| Expiration Date | | | |
| CID | | | |
| Cardholder's Name | | | |
| Billing Address | | | |
| City | | | |
| State/Province | | | |
| Postal Code | | | |
| Telephone | | | |
| Signature | | | |

If paying by credit card, the completed application/payment form and the signed exhibitor/ support form may be returned via one of the following options:

Email: leslie@meetingachievements.com

Mail:

Meeting Achievements

Attn: Kranzler Chicago Review Course in Neurosurgery

567 West 250 South Hebron, IN 46341

Questions:

Leslie Brizendine – Course Organizer

Phone: 219.465.1115

Email: leslie@meetingachievements.com

A receipt/confirmation and exhibit kit will be sent to the email address provided upon receipt of full payment, the application/payment form, **and** the signed exhibitor/support agreement.

Thank you for your support!

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Exhibitor/Support Agreement (REQUIRED)

Exhibit Rules & Regulations

- 1. Only one company may exhibit in a single space. Items or services exhibited or referred to must be those normally provided or manufactured by the exhibitor.
- 2. No application form will be processed without payment in full.
- 3. Due to the nature of the conference, no refunds will be offered.
- 4. All representatives who will be staffing exhibit booths must be registered for the meeting. Supporting companies are allowed a set number of complimentary registration(s) based on their supporter level. Additional booth personnel may register for an additional fee.
- 5. Display materials that may be deemed by the conference organizers to detract from the dignity of the exhibit show will not be permitted.
- All signage, and logos, to be provided by supporting company, must adhere to conference specifications.
- 7. All exhibit tables and support services will be provided by the hotel. Note: electrical access may not be available. Any additional support costs are the responsibility of the exhibitor.
- 8. Security will NOT be provided. The property of the exhibitors shall at all times remain in the sole possession, custody, and responsibility of each exhibitor.
- 9. The exhibitor and the provider agree to abide by all requirements of the Accreditation Council for Continuing Medical Education's Standards for Integrity and Independence in Accredited Continuing Education as stated atwww.accme.org, including Standard 4.2: "The accredited provider must ensure that learners can easily distinguish between accredited education and other activities."

Industry Guidelines:

In recent years, much attention has been given to the relationships between the pharmaceutical and medical device/equipment industry and health care professionals. Gifts, individual relations, and professional education have been topics at the forefront of discussion. It is the responsibility of all exhibitors to be aware of and abide by all applicable association codes including but not limited to, those listed below:

- Advanced Medical Technology Association (AdvaMed) Code of Ethics for Interactions with Health Care Professionals – approved 2003, additional FAQs 2005
- American Medical Association Opinion 8.06
 Gifts to Physicians from Industry and Clarifying Addendum
- Compliance Program Guidance for Pharmaceutical Manufacturers
- Pharmaceutical Research and Manufacturers of America (PhRMA) Code of Interaction with Healthcare Professionals – revised July 2008



Exhibitor/Support Agreement (Continued)

Distribution of Product

FDA Regulations

Exhibitors must abide by all applicable Food and Drug Administration (FDA) regulations. This information may be obtained from the FDA at this website: http://www.fda.gov/cder/ddmac/.

Exhibitors are reminded that the FDA generally prohibits the advertising or other promotion of investigational or unapproved drugs and devices. The FDA also forbids the promotion of approved drugs or devices for unapproved uses. All products that have not been FDA approved for a particular use in humans or that are not commercially available in the United States will be permitted to be exhibited only when accompanied by appropriate signage indicating the device's clearing status. The signs must be easily visible and placed near the products themselves and on any graphics depicting the product. The exhibitor shall have available at the booth a letter from the FDA, which describes the allowable use status of the product(s). Exhibitors are cautioned about the FDA's prohibition on promoting cleared-formarketing devices for unapproved uses. Requests for information and guidance should be directed to the FDA.

Selling of Products or Services

Exhibitors may display products that they have manufactured. Exhibitors may not accept cash, checks or credit cards for merchandise in the Exhibition Hall; however, orders may be taken. Exhibitors electing to take orders must do so in a manner consistent with the professional nature of the exhibit.

Use of Name, Insignia, Logo or Acronym

The University of Chicago and Meeting Achievements names, insignias, logos and acronyms are proprietary marks and may not be used in signs, advertising, or promotions in any media or product literature either inside or outside of the exhibit area unless prior written approval has been received from the conference organizers.



Exhibitor/Support Agreement (Continued)

Liability and Security

Exhibitors must make provisions for safeguarding their display and property at all times. The exhibitor is responsible for all liability, losses, claims, and damages relating to any injury, death, or damage to property (including the Exhibition Hall), however occurring, arising from the acts of the exhibitor, his or her employees, agents, licensees, or contractors. The exhibitor agrees to indemnify and hold harmless The University of Chicago and Meeting Achievements from and against any and all liability, losses, claims, and damages that may arise from or be asserted in connection with the foregoing undertaking and responsibilities of the exhibitor.

Terms and Conditions

If applicable, as a condition for exhibiting, each exhibitor shall agree to observe all stated policies in this document. The Conference reserves the right to refuse exhibit space to any applicant at its sole discretion.

If exhibiting at the conference, the undersigned has read the enclosed Exhibit/Sponsor Agreement and agrees to abide by these regulations. Failure to abide by these regulations will result in forfeiture of all monies paid or due under the terms of the agreement.

| Company Name: | | |
|---------------|--|--|
| Name (Print): | | |
| Signature: | | |
| Date: | | |
| Email: | | |

EXHIBITOR REGISTRATION FORM

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Please list the names of all representatives scheduled to be onsite:

| Company Representative (1): | | | |
|-------------------------------|--------------|--|--|
| Name | | | |
| Title | | | |
| Phone | | | |
| Email | | | |
| Company Representative | e (2): | | |
| Name | | | |
| Title | | | |
| Phone | | | |
| Email | | | |
| Company Representative | e (3): \$395 | | |
| Name | | | |
| Title | | | |
| Phone | | | |
| Email | | | |