

Additional Registration Badges

Each paid exhibit space includes two staff registrations. Exhibitors may purchase additional badges for \$60 each. Please indicate the number of additional badges needed for your booth and provide fees where applicable. The cost for additional badges covers expenses for additional staff's participation in conference meals and breaks.

Extra Badges _____ x \$60= _____ Total

List name(s) for additional staff (as you would like them to appear on name badges):

First Last

First Last

First Last

Method of Payment

Payments must be accompanied by a registration form in order to be processed. WNS's Tax ID number is 39-1642832. Please add \$25 if after September 22.

Total Enclosed: \$ _____

Check (payable to WNS) Check # _____

Visa MasterCard Discover

Card Number: _____

Expiration Date: ____/____ Security Code: _____

Address on Billing Statement:

Name on Card: _____

Signature: _____

Please return registration form to and payment to:
Wisconsin Neurological Society
702 Eisenhower Drive, Suite A
Kimberly, WI 54136
Fax: 920-882-3655

Directions and Lodging Information

Directions

Wilderness Hotel and Golf Resort, Wisconsin Dells
45 Hillman Road
Wisconsin Dells, WI 53965

For driving directions, please visit:
www.glaciercanyonlodge.com.

Lodging

Rooms are available at the Wilderness Hotel and Golf Resort at the special group rate of \$129. To guarantee this rate, and to ensure a room will be available, reservations must be made by September 22. To make a reservation, please call the Wilderness Resort toll-free 800-867-WILD and request the Wisconsin Neurological Society room block.

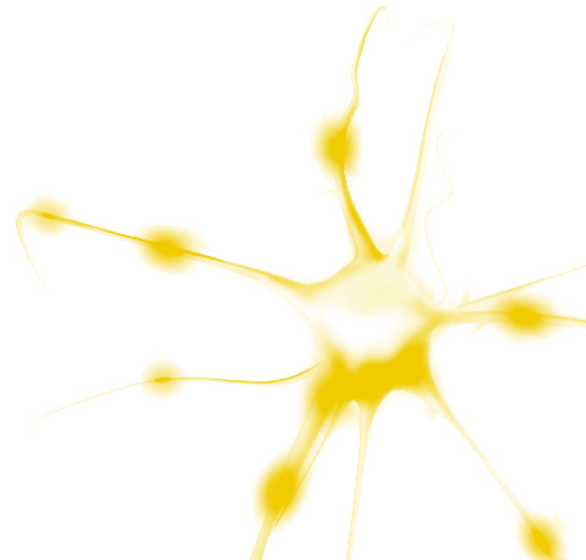
Registration Policies

Registration Deadline

Register NOW to avoid the late registration fee. The deadline for registration is September 22 in order to ensure that your company will be recognized in printed materials. After September 22, a \$25 late fee applies.

Cancellation Policy

Cancellations received on or before September 22 will be subject to a \$25 cancellation fee. No refunds will be given after September 22. Cancellations must be received in writing at WNS, 702 Eisenhower Drive, Suite A, Kimberly, WI 54136; Fax 920-882-3655.



Wisconsin Neurological Society
702 Eisenhower Drive, Suite A
Kimberly, WI 54136



Wisconsin Neurological Society Annual Meeting

October 22–24, 2010

Commercial Support and
Exhibitor Prospectus

Wilderness Hotel and Golf Resort
Glacier Canyon Lodge, Wisconsin Dells
45 Hillman Road
Wisconsin Dells, WI 53965
800-867-9453

www.glaciercanyonlodge.com



Wisconsin Neurological Society Annual Meeting
October 22–24, 2010

Don't miss this opportunity to join us during the Wisconsin Neurological Society (WNS) Annual Meeting scheduled for October 22–24, 2010, at the Wilderness Hotel and Golf Resort in Wisconsin Dells.

This year's meeting promises to continue the tradition of offering high quality education to neurologists while at the same time offering vendors an opportunity to interact with health care providers in a relaxed atmosphere.

Note: WNS Tax ID Number: 39-1642832

Annual Meeting Schedule at a Glance
(schedule subject to change)

Friday, October 22

5–7 p.m.	Exhibitor Set Up
7 p.m.	Welcome Reception in Exhibit Hall

Saturday, October 23

7–8 a.m.	Registration/View Exhibits/Continental Breakfast in Exhibit Hall
8 a.m.	Annual Meeting Welcome
8 a.m.–4 p.m.	CME Sessions
9–9:30 a.m.	Break
11:30 a.m.–12:30 p.m.	Lunch & WNS Business Meeting
2:30–3 p.m.	Break
5 p.m.	Reception

Sunday, October 24

8–10 a.m.	CME Sessions
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TWO OPPORTUNITIES TO PARTICIPATE

(Choose one or both!)

- Commercial Support in the form of an educational grant
- Exhibit Display

COMMERCIAL SUPPORT INFORMATION

We invite your company to contribute to the Annual Meeting in the form of an educational grant in support of the educational offering by the WNS.

Receive company recognition in support of the WNS by choosing a level of support:

Levels of Support

(Note: Supporters who wish to be present at the Annual Meeting as an exhibitor must also register and pay exhibit fees).

- GOLD: \$2,500
- SILVER: \$1,500
- BRONZE: \$1,000

Supporters will receive verbal and printed recognition during the Annual Meeting.

EXHIBIT INFORMATION

Fees and Benefits

The fee to exhibit is \$1,000 regular/\$400 nonprofit. This fee provides your organization:

- 8' skirted table with electricity (if requested), two chairs, and a table sign with your company's name. Two representatives allowed per space. If more than two representatives wish to attend, additional meal tickets must be purchased.
- Non-competitive exhibitor viewing times.
- Roster of attendees distributed at the time of the meeting.
- Complimentary refreshments during exhibit hours.
- Two complimentary meals to the Welcome Reception Friday, October 22; and the breakfast and lunch, Saturday, October 23.

Additional Tables

If your exhibit requires an additional table, the cost is \$400 per table. All additional tables will be set up end-to-end with the original table.

Exhibit Set Up

Friday, October 22
5–7 p.m.

All exhibits must be set up by 7 p.m. due to the Welcome Reception in the exhibit hall.

Exhibit Hall Hours

Friday, October 22
7–9 p.m.

Saturday, October 23

7 a.m.–3 p.m.

Dismantle

Exhibitors are scheduled to dismantle at 3 p.m. on Saturday, October 23. Exhibits may not be dismantled before that time.

Shipping Materials

Exhibit materials may be shipped to the Wilderness Hotel and Golf Resort—Glacier Canyon Lodge, 830 Canyon Road, Lake Delton, WI 53965. Shipments should be clearly marked, indicating the conference date, name of conference, and your company's name. Shipments should be received no sooner than three business days prior to the conference. Coordination and fees related to shipping of exhibit materials to and from the conference are the responsibility of the exhibitor.



EXHIBITOR REGISTRATION FORM

Wisconsin Neurological Society Annual Meeting
October 22–24, 2010

Contact Information *(to receive confirmation)*

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

Company Information *(as you would like it to appear in the conference materials)*

Company Name: _____
 Company Web Address: _____
 Company Phone: _____

Booth Information

Companies to Avoid: _____

 Electricity Required: Yes No

Sales Representative(s)

Exhibitor registration includes registration for up to two staff; please see reverse side to purchase badges for additional staff.

List name(s) as you would like them to appear on name badges:

 First Last

 First Last

Exhibit Fee

- \$1,000 profit organizations
- \$400 nonprofit organizations