EXHIBIT APPLICATION



Exhibit fees must be received by August 1, 2024 in order for your company to be recognized in the final program and on-site signage. Registration information to register company representatives, and an exhibitor kit, will be sent after payment is received by ANA.

CONTACT All materials will k	pe sent to the person listed below.	
Name		
Email	Phone	
COMPANY INFORMATIO	Name will appear in final program as writ	tten below.
•		
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COMPANY DESCRIPTION Submit a 50-word description, to be displayed in the conference mobile app to: jsummers@myana.org	EXHIBIT TYPE AND RATE 10' x 10' Premium Exhibit Booth 10' x 10' Exhibit Booth Premium Tabletop Exhibit Tabletop Exhibit	\$4,000 \$3,500
	I prefer not to be located close to (pl	• •
PAYMENT INFORMATIO	All exhibit space is assigned by ANA on a first-come,	first-served basis.
Total Purchase		
	the American Neurological Association – Departm	ent 2460, PO Box 4110,
☐ Credit Card - ANA gladly according the ANA will email you a link	epts credit card payment. Once we receive you to pay online.	ur application(s),
liability for losses, damages, and claims upon the premises of the Hilton Orland and the ANA from any such losses, dam	ents, restrictions, and obligations of ANA2024. We/I assum arising from injury or damage to our/my displays, equipm o and shall indemnify and hold harmless the agents and o ages and claims. By signing this, we/I state that we/I am 149th Annual Meeting of the American Neurological Asso	nent, and other property brought employees of the Hilton Orlando, hereby authorized to reserve space
Cancellations: Cancellation of e notice is received in the ANA off	xhibit space must be made in writing and will ice.	be effective the date such
Sponsor Signature		Date
ANA Representative Signature		Date
☐ I have read and agree to the	terms in the ANA2024 Sponsorship Prospectu	S