The Fifth Annual Neuro ICU Symposium
Cutting-edge Management of Neurological and Neurosurgical Emergencies and Critical Care

The Future of Neurotrauma and Neurocritical Care

MARCH 22-24, 2017
Hyatt Regency, Houston, Texas
Dear Exhibitors and Supporters,

It is my pleasure to personally invite you to participate in Mischer Neuroscience Institute’s Fifth Annual Neuro ICU Symposium on March 22-24, 2017, at the Hyatt Regency Hotel in Houston.

Last year’s symposium launch was highly successful, with over 350 attendees from more than 17 states. A multidisciplinary team of experts in the fields of neurocritical care, neurology, neurosurgery, trauma and nursing, including physicians affiliated with the Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center, presented at the symposium. Speakers included more than 25 faculty members from McGovern Medical School at UTHealth, Baylor College of Medicine, Thomas Jefferson Medical College, Walter Reed National Military Medical Center, University of Calgary, Tufts University School of Medicine, and Keck School of Medicine at USC.

This year’s event, which is endorsed by the Neurocritical Care Society, will provide an excellent venue to promote your company, products and services to experts in neurocritical care. We anticipate even greater attendance at our fifth symposium, and extended exhibit hall hours will afford more access to symposium participants.

We hope you’ll join us in making our symposium a valuable and productive meeting again in 2017.

Sincerely,

Kiwon Lee, M.D., FACP, FAHA, FCCM
Course Director
Vice Chair of Clinical Affairs, Department of Neurology
Director of Neurocritical Care
Associate Professor of Neurology and Neurosurgery
Mischer Neuroscience Institute
McGovern Medical School at UTHealth
Memorial Hermann-Texas Medical Center

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the joint sponsorship of Memorial Hermann Health System and The University of Texas Health Science Center at Houston. Memorial Hermann Health System is accredited by TMA to provide continuing medical education for physicians.

Memorial Hermann-Texas Medical Center is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Exhibit Details

Booths
Each booth at the Neuro ICU Symposium includes:
• One 6' x 30” draped table, two chairs, power access and one company sign
• Two exhibitor staff registrations
• Listing of your company name on the Neuro ICU Symposium website

If you have additional needs, please contact Brittany Zalman at 713.500.6128 or MNINeuroICU@memorialhermann.org.

Exhibit Hall Hours*

Setup: Wednesday, March 22, from 6 to 7 a.m.

Exhibits Open:
Wednesday, March 22, from 7 a.m. to 5 p.m.
Thursday, March 23, from 7 a.m. to 5 p.m.
Friday, March 24, from 7 a.m. to 1 p.m.

Conference attendees will have regular access to the exhibit hall:
Breakfast (1 hour): Wednesday, Thursday and Friday
Lunch (1 hour): Wednesday and Thursday
Daily AM/PM Breaks (30 mins each)

Exhibitor Fees
The fee for booth space is $3,000. Please reserve by March 2, 2017.

Shipments can be sent to:
Hyatt Regency Houston
5th Annual Neuro ICU Symposium
1200 Louisiana St., Houston, TX 77002

Package Labeling Standards:
Hold For Guest: (Guest Name) (Guest Cell Number)
c/o FedEx Office at Hyatt Regency Houston
1200 Louisiana St., Houston, TX, 77002
(Convention / Conference / Group / Event Name)
Box _____ of _____.

Directions for Drop-offs:
Please contact us in advance and we can assist in scheduling a drop-off.

*Hours may be subject to change pending finalization of event schedule/program.
COMPANY CONTACT

Name_________________________________ Title_____________________________________

Phone________________________________ Email_____________________________________

COMPANY IDENTIFICATION (Please provide company information as you wish it to appear in the program.)

Company Name__________________________________________________________________________________________________________

Address_________________________________________________________________________________________________________________________________________________________________________

City________________________________ State________________________ Postal Code________________________ Country____________________________

Telephone________________________________ Fax________________________________________________________________________________________

Email Address____________________________________________________________________________________________________________________________________________________________________

Website Address____________________________________________________________________________________________________________________________________________________________________

EXHIBIT STAFF* (Two exhibit staff registrations are included with each booth purchase. Additional exhibit staff will be assessed a $250 per person fee.)

Exhibit Staff________________________________________________________ Exhibit Staff________________________________________________________

Exhibit Staff________________________________________________________ Exhibit Staff________________________________________________________

*Final exhibit staff names are due to Mischer Neuroscience Institute by March 2. After that, changes must be made at the registration desk onsite.

The fee for booth space is $3,000. Please reserve by March 2, 2017.

☐ Additional Representative Badges: ___________ Number of additional badges x $250 = $____________

Please list any special requests here (e.g., other companies you wish to be next to or NOT next to, etc.). Every effort will be made to accommodate requests, but they are not guaranteed. All booth assignments are made by the Mischer Neuroscience Institute and are final.

_________________________________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________________________________

TOTAL DUE: __________________________________________________________________________________________________________

PAYMENT INFORMATION

☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Check (#________________________________________)

Make checks payable to MHS Physicians of Texas (Tax ID # 76-0385980) and reference the activity on the check.

Credit Card Number __________________________________________________________________________________________________________

Expiration Date __________________________________________________________________________________________________________

Signature ________________________________________________________________________________________________________________

Printed Name ____________________________________________________________________________________________________________

Please send this application and the Exhibit Agreement, page 5, directly to:

Mischer Neuroscience Institute
Attn: Brooke Moore
6400 Fannin, Suite 2800, Houston, TX 77030

neuroicusymposium.org
Guidelines

1. The **Exhibit Agreement** must be on file with the Memorial Hermann Health System Office of CME at least seven business days before the activity is scheduled, unless other arrangements have been made. Space is provided on a first-come, first-served basis, with location usually randomly assigned. Exhibitors will be acknowledged on signage.

2. The **Exhibit Fee** must be paid before the exhibitor is allowed to set up unless other arrangements have been made in writing with the Office of CME in advance. Fees are nonrefundable.

3. Representatives must check in at the registration desk. Name badges will be issued by the Memorial Hermann Health System Office of CME. Company/Organization badges may not be worn.

4. Memorial Hermann Health System Office of CME reserves the right to refuse exhibits, curtail activities or close exhibits that do not comply with Memorial Hermann Health System, TMA and/or the Accreditation Council for Continuing Medical Education policies.

5. The Office of Continuing Medical Education will invoice company/organization for additional charges, if any, for specified requirements.

Agreement

I verify that I am authorized to enter into this Agreement on behalf of the company/organization, and that I have complied with applicable company/organization policies. I understand that if another company/organization (e.g., co-promotion partner) is to be involved, Memorial Hermann Health System Office of CME must be notified in writing in advance. If the Office of CME is not notified, the other party will not be acknowledged, and its representative(s) will not be permitted to attend.

I agree to comply with the guidelines set forth in this Agreement. I also understand and agree that the Office of CME will invoice the company/organization for additional charges, if any, for specified requirements.

Name/Title _______________________________________________________________________________________________________________________________________________________

Signature _________________________________________________________________________________________________________________________________________________________

Date ______________________________________________________________________________________________________________________________________________________________
Support Opportunities*

Platinum $25,000
• Sponsor of the welcome reception
• Lunch sponsor on March 22 and March 23
• Premier booth selection in the exhibit hall
• Your logo on signage at the symposium
• Complimentary access to the symposium mailing list
• Your logo displayed on the sponsor slide at daily sessions

Silver $5,000
• Sponsor of one refreshment break
• Your logo on signage at the symposium
• Your logo displayed on the sponsor slide at daily sessions

Gold $10,000
• Sponsor of three refreshment breaks
• Your logo on signage at the symposium
• Complimentary access to the symposium mailing list
• Your logo displayed on the sponsor slide at daily sessions

Bronze $2,500
• Your logo on signage at the symposium
• Your logo displayed on the sponsor slide at daily sessions

If you’d like to contribute in a more personalized way, please contact Brittany Zalman at 713.500.6128, or MNINeuroICU@memorialhermann.org to discuss other opportunities.

*Please note that support opportunities do not include exhibitor booth fees.
Make a Commitment to Support the Neuro ICU Symposium

Company Information

Contact Name__________________________________________ Title_____________________________________________________

Phone____________________________________ Email______________________________________________________

Company Name (as you wish it to appear in the program) ___________________________________________________________

Address____________________________________________________________________________________________________

City________________________________ State________________ Postal Code_________________________________________

Telephone________________________________ Fax______________________________________________________________

Website Address_________________________________________________________________________________________________

Sponsorship Level

☐ Platinum ($25,000)  ☐ Gold ($10,000)  ☐ Silver ($5,000)  ☐ Bronze ($2,500)

Other Amount: $__________________________________________

Total Support: $__________________________________________

Payment Information

☐ Visa  ☐ MasterCard  ☐ AMEX  ☐ Discover  ☐ Check (#__________________________________________)

Make checks payable to MHS Physicians of Texas (Tax ID # 76-0385980) and reference the activity on the check.

Credit Card Number __________________________________________________________________________________________

Expiration Date ____________________________________________________________________________________________

Billing Address _____________________________________________________________________________________________

Signature __________________________________________________________________________________________________

Printed Name ______________________________________________________________________________________________

Please mail your completed Sponsorship Application and payment, to:

Mischer Neuroscience Institute
Attn: Brooke Moore
6400 Fannin, Suite 2800
Houston, TX 77030

For credit card payments, fax to 713.500.0665.

Questions? Contact Brittany Zalman at 713.500.6128 for assistance.
Interested in attending the Neuro ICU Symposium?
Register now at neuroicusymposium.org.

Be sure to reserve your hotel rooms early! Discounted rooms are available to exhibitors, sponsors and participants until **February 21, 2017, at 5 p.m. CST**, or until the designated block of rooms is reserved. The group rate for a single/double is **$199**.

Reserve your room online by clicking [HERE](neuroicusymposium.org) or call 713.654.1234 and use the Group Code: **XMHN**

Additional questions regarding hotel accommodations? Please call Brittany Zalman at 713.500.6128.

**Hyatt Regency Houston**
1200 Louisiana Street
Houston, TX 77002