The Seventh Annual Neuro ICU Symposium

Empowering Success in Neurocritical Care

APRIL 3-5, 2019
Westin Oaks Galleria, Houston, Texas
Dear Exhibitors and Supporters,

It is my pleasure to personally invite you to participate in Mischer Neuroscience Institute’s Seventh Annual Neuro ICU Symposium on April 3-5, 2019, at the Westin Oaks Galleria in Houston.

Our conference continues to grow and evolve every year. We welcome attendees from diverse backgrounds and professions within the medical field. Our symposium is one of the most popular neurocritical care conferences in the United States! Last year, we had over 300 attendees from multiple states and countries. We also found our new home at the Westin Oaks Galleria, where we will be holding the event again this year.

This year, we aim to empower success in the Neuro ICU by giving you the tools you need to provide top quality neurocritical care from any hospital. We will have prominent speakers from nearly all medical subspecialties. We have included a dedicated Neuroscience Nursing Symposium and Neurocritical Care Board Review course. We will feature the most current data and latest breakthroughs in our field. We will also bring back popular sessions from last year, including The Patient Experience, Hot Topics, Cross-Fire Debates, and Simulation Labs.

This year’s event will offer CME, CNE, and CRCE credits. We are pursuing endorsement by the Neurocritical Care Society and American Association of Neuroscience Nurses. It will provide an excellent venue to promote your company, products and services to specialists in neurocritical care. We anticipate even greater attendance at our seventh symposium, with exhibition areas located predominantly in high traffic areas for symposium participants.

We hope you’ll join us in making our symposium a valuable and productive meeting again in 2019.

Sincerely,

Tiffany R. Chang, MD, Course Director

Director, Neurocritical Care Fellowship Program
Assistant Professor, Department of Neurology and Vivian L. Smith Department of Neurosurgery
McGovern Medical School at UTHealth in Houston
Mischer Neuroscience Institute at Memorial Hermann - Texas Medical Center

BACK BY POPULAR DEMAND

Hot Topics: Different viewpoints on controversial management issues

The Patient Experience: Neurological illness from the patient’s perspective

Hot Topics: Different viewpoints on controversial management issues

Cross-Fire Debates: Audience vote will determine winners

Simulation Labs: Hands-on workshops in small groups with our experts

NEW FOR THIS YEAR

The MISTIE III Trial and Future of Surgical ICH Treatment: Hear the results directly from the study team

Neurocritical Care Board Review: Up-to-date comprehensive review of neurocritical care topics

Neuroscience Nursing Symposium: Comprehensive program for critical care nurses and other healthcare professionals
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 Glenda Torres at 713.500.5638 or MNINeuroICU@memorialhermann.org.

Exhibit Hall Hours*

Setup: Wednesday, April 3, from 6 to 7 a.m.

Exhibits Open:
Wednesday, April 3, from 7 a.m. to 5 p.m.
Thursday, April 4, from 7 a.m. to 5 p.m.
Friday, April 5, 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 min. each)

Exhibitor Fees
The fee for booth space is $3,000. Please reserve by March 11, 2019.

Shipments can be sent to:
Westin Oaks Galleria
7th Annual Neuro ICU Symposium
5011 Westheimer Rd.
Houston, TX 77056

Package Labeling Standards:
Guest Name & Phone Number
Name of Event & Arrival Date
5011 Westheimer Rd.
Houston, TX 77056

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________________________

Staff Member Email____________________________

*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 11, 2019.

☐ 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 please reference Neuro ICU Symposium 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: Jennifer Tamayo
6400 Fannin St., Suite 2070, 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 April 3 and April 4
- Premier booth selection in the exhibit hall
- Your logo on signage at the symposium
- Complimentary access to the symposium mailing list
- Your company name 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 company name displayed on the sponsor slide at daily sessions

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

**Bronze $2,500**
- Your logo on signage at the symposium
- Your company name displayed on the sponsor slide at daily sessions

If you’d like to contribute in a more personalized way, please contact Glenda Torres at 713.500.5638, or MNNeuroICU@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 please reference Neuro ICU Symposium 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: Jennifer Tamayo
6400 Fannin St., Suite 2070
Houston, TX 77030

For credit card payments, fax to 713.704.0363.
Questions? Contact Glenda Torres at 713.500.5638 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 the designated block of rooms is reserved. The group rate for a single/double is $139.

Reserve your room online by clicking HERE or call 1.888.627.8514 and reference that you are included in the hotel’s Passkey website for the Memorial Hermann Neuro ICU Symposium.

Additional questions regarding hotel accommodations? Please call Glenda Torres at 713.500.5638.

Westin Oaks Galleria
5011 Westheimer Rd.
Houston, TX 77056

2018 Exhibitors
Alexion
Amgen
Arbor Pharmaceuticals
Attune Medical
Bard Medical
Cheetah Medical
Chiesi
Getinge
CSL Behring
Genentech
Haemonetics
ImaCor, Inc.
Integra-Codman
LIDCO
Medtronic
Medtronic Neurovascular
Natus Neuro
NeurOptics
Nexus Health Systems
Ornim Medical
Portola
Stryker
UCB Pharma
ZOLL Medical