The Fourth Annual Neuro ICU Symposium

“Ultra-early Brain Resuscitation 2016”

Cutting-edge Management of Neurological and Neurosurgical Emergencies and Critical Care

MARCH 23-25, 2016

J.W. Marriott, Houston, Texas
Dear Exhibitors and Supporters,

It is my pleasure personally to invite you to participate in the Mischer Neuroscience Institute’s Fourth Annual Neuro ICU Symposium on March 23-25, 2016, at the JW Marriott Hotel Conference Center in Houston.

Last year’s symposium launch was highly successful, with 300 attendees from more than 17 states. A multidisciplinary team of experts in the field 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 UTHealth Medical School, Houston Methodist Hospital, University of Southern California Keck School of Medicine, Cleveland Clinic and David Geffen School of Medicine at UCLA.

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 fourth 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 2016.

Sincerely,

Kiwon Lee, M.D., FACP, FAHA, FCCM
Course Director
Vice Chair of Clinical Affairs, Department of Neurology
Associate Professor of Neurology and Neurosurgery
UTHealth Medical School
Director of Neurocritical Care
Mischer Neuroscience Institute
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 8-foot-long 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 Brooke Moore at 713.704.7375 or MNINeuroICU@memorialhermann.org.

Exhibit Hall Hours*

Set-up:  Teardown:
Wednesday, March 23, from 6 to 7 a.m.  Friday, March 25, from 1 to 5 p.m.

Exhibits Open:
Wednesday, March 23, from 7 a.m. to 5 p.m.
Thursday, March 24, from 7 a.m. to 5 p.m.
Friday, March 25, 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 $2,500.
Please reserve by March 2, 2016.

Shipments can be sent to:
JW Marriott Houston
Attn: Meghan Clancy/Brooke Moore
4th Annual Neuro ICU Symposium
5150 Westheimer Road
Houston, TX 77056

Directions for Dropoffs:
Any local exhibitors who are driving to the hotel with their exhibit materials - or:
Enter front driveway and drive straight between main hotel and Liberty Hall to unload materials at loading dock. Vehicles must be moved once unloaded.

*Hours may be subject to change pending finalization of event schedule/program.
2016 Application for Exhibit Space

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____________________________________________________________

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

The fee for booth space is $2,500. Please reserve by March 2, 2016.

☐ 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.

_________________________________________________________________________________________________________________________________________________________________________

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TOTAL DUE: ____________________________________________________________________________

PAYMENT INFORMATION

☐ Visa ☐ MasterCard ☐ 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
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 23 and March 24
- 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
- Your logo displayed on a rotating banner ad on the Neuro ICU Symposium App

#### 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

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If you’d like to contribute in a more personalized way, please contact Brooke Moore at 713.704.7375, 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 ☐ 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 713.704.7370
Questions? Contact Brooke Moore at 713.704.7375 for assistance.
Interested in attending the Neuro ICU Symposium?
Register now at neuro.memorialhermann.org/cme.

Be sure to reserve your hotel rooms early! Discounted rooms are available to exhibitors, sponsors and participants until March 9, 2016, 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 or call 1.880.228.9290 or 713.961.1500 and use the Group Code: ICU

Additional questions regarding hotel accommodations? Please call Brooke Moore at 713.704.7375.

JW Marriott Houston
5150 Westheimer Road
Houston, TX 77056

2015 Exhibitors
Bard Medical Medivance
Cheetah Medical, Inc.
Codman Neurovascular
Cheisi USA, Inc.
Genentech
Hummingbird Neuromonitoring
InMotion Medical
Integra Life Sciences
Karl Storz Endoscopy America
Medtronic Neurovascular
Nexus Health Systems
Ornim
Otsuka American Pharmaceutical, Inc.
RhythmLink International
Stryker Neurovascular
The Medicines Company
UCB|CNS