

2019 Tennessee Neurosurgical Society Annual Meeting
Jointly Sponsored by the AANS
August 16-17, 2019
Opening Reception August 16, 2019
Embassy Suites Hotel - Franklin, TN

Sponsorship Opportunity: This year we invite you to be a sponsor for our annual TNS meeting.

Sponsorship Levels

| | | |
|--------|--------|---|
| Gold | \$5000 | 8 X 24 booth space (3 tables) / company listing on sponsor sign displayed throughout the meeting/ up to 6 reps |
| Silver | \$3500 | 8 X 16 booth space (2 tables) / company listing on sponsor sign Displayed throughout the meeting / up to 4 reps |
| Bronze | \$2500 | 8 X 8 booth space (1 table) / company listing on sponsor sign Displayed throughout the meeting / up to 2 reps |

Exhibitor fee: \$1250.00 per table / 1 rep

Additional Exhibit representatives: \$125.00 per person.

Exhibit Dates: Exhibits will be allowed to display August 16-17 2018

Set up Friday August 16: Table-top displays will be available for set-up Friday afternoon, August 16, from 4:00 pm to 6:30 pm and the meeting begins at 7 am, Saturday, August 17, 2018. Each table is six feet long with two chairs. ***All shipping and handling of exhibits to be arranged by the exhibitor with the hotel.***

Welcome Reception: The Welcome Reception will be held in the Exhibit Hall area this year. We encourage you to have your exhibit set up prior to 6:30 pm to allow for additional time to be spent with the physicians attending.

Location: Embassy Suite Hotel
820 Crescent Centre Drive
Franklin, TN 37067
www.nashvillesouth.embassysuites.com
Phone: 615.515.5151

Mention the TNS 2019 Meeting when making your hotel reservation for a discounted rate. To get the discounted rate, reservations must be made by **June 30, 2019**. *We encourage you to stay at the hotel. There are no parking fees at the hotel.*

Display Time: Friday, August 16 – 6:30 pm to close of program on Saturday, August 17 at 5:00 p.m. All displays are to be broken down after the conclusion of the meeting Saturday afternoon. *All shipping and handling of exhibit is to be handled between yourself and the Hotel.*

Participants' Profile – All Tennessee Neurosurgeons, Neurosurgical Residents from Vanderbilt and the University of Tennessee, Advanced Nursing Personnel, Office Managers/Administrators, selected staff.

Payment Information – All checks should be made payable to the Tennessee Neurosurgical Society and mailed to the address below. VISA and/or MasterCard cards are also accepted. Payment is requested no later than one week prior to the meeting -- Friday, August 9, 2019. For those signing up after Friday, August 9, payment must accompany the application. No refunds will be made after August 1, 2019. *Sorry, no American Express or Discover accepted.*

The tax identification number for the Tennessee Neurosurgical Society is 62-1478281.

Contact: If you need additional information, please contact:

Brenda Kay Bradshaw
TNS Meeting Coordinator
Semmes-Murphey Neurologic & Spine Institute
6325 Humphreys Blvd, Memphis, TN 38120
Direct Line **901 259-8209**
bbradshaw@semmes-murphey.com

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Embassy Suites by Hilton Nashville South Cool Springs - Franklin, TN

Contact Information

Organization _____

First Name _____ Last Name _____

Title _____

Work Address _____

City _____ State _____ Zip _____

Work Tel _____ Fax _____

Toll-Free _____

E-mail _____ @ _____

(required to receive confirmation)

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- Silver \$3500 8 X 16 booth space (2 tables) / company listing on sponsor sign displayed throughout the meeting / **up to 4 reps (Addt'l reps \$125)**

- Bronze \$2500 8 X 8 booth space (1 table) / company listing on sponsor sign displayed throughout the meeting / **up to 2 reps (Addt'l reps \$125)**

Non-Sponsoring Exhibitors:

Exhibit fee \$1250.00 x _____ table(s) Total _____

Additional Representatives:

Additional representatives _____ x \$125.00 Total _____
Payment Total _____

Payment Method (check only one)

Check (Make check payable to the **Tennessee Neurosurgical Society**)

Credit Card

VISA

MasterCard

(Charge from Semmes-Murphey Clinic appears on your statement)

(American Express and Discover Card are NOT accepted)

Name on Card (Please Print) _____

Credit Card Number _____

Expiration Date MM/YY _____ Security Code _____

Signature _____

Will you need electricity? _____ **Yes** _____ **No**

Representative(s) attending:

First Name _____ Last Name _____

Title _____ Cell# _____

E-mail _____@ _____

First Name _____ Last Name _____

Title _____ Cell# _____

E-mail _____@ _____

First Name _____ Last Name _____

Title _____ Cell# _____

E-mail _____@ _____

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Return to: *Brenda Kay Bradshaw*
TNS Meeting Coordinator
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