17TH ANNUAL PEDIATRIC NEUROLOGY SYMPOSIUM

April 26-27, 2024



Exhibit Opportunities





PEDIATRIC NEUROLOGY SYMPOSIUM

When & Where

April 26-27, 2024 The Guesthouse at Graceland 3600 Elvis Presley Boulevard Memphis, Tenn. 38116

Contact

Ashley King Long

Margaret.Kinglong@lebonheur.org

Registration Deadline

Friday, April 19, 2024

Display Dates & Times

Friday, April 26 7:30 a.m. - 4:45 p.m. Breaks: 10:15 a.m., noon, 2:30 p.m.

Saturday, April 27 7:30 a.m. - 1 p.m. Break: 10 a.m.

Please contact us as soon as possible to reserve your space.

Exhibit Opportunities

Platinum Level

\$9,000

- · Your company name on the conference event page
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- Special recognition on conference poster
- Admission and exhibit table for up to 2 people
- Exhibit table in a prominent location
- Dinner (up to 2 people) with conference attendees

Gold Level

\$6,000

- Your company name on the conference event page
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- Special recognition on conference poster
- · Admission and exhibit table for up to 2 people
- Exhibit table located in prominent location

Silver Level

\$3,000

- Your company name on the conference event page
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- Special recognition on conference poster
- Admission and exhibit table for up to 2 people
- Exhibit table located in separate room off the conference hall

Register and Pay Online or make checks payable and mail to:

Methodist Healthcare Foundation PO Box 42048 Memphis, Tenn. 38174-2048 Attn.: JoAnn Franklin

Please write "2024 Midsouth Neuro Symposium" for the memo line on the check.

http://www.lebonheur.org/neuroexhibitor

Once payment has been received, no refunds will be allowed.

Funds must be received by April 19, 2024. Exhibit fees not received by April 19, 2024 must be paid by credit card.



PEDIATRIC NEUROLOGY SYMPOSIUM

Exhibit Space Application Company Name: Primary Contact: Email: ______ Phone: _____ City: ______ State: _____ Zip Code: _____ Additional Contacts: Name: _____ Email: _____ Name: ______ Email: _____ Please choose your exhibitor level: ☐ Platinum (\$9,000) ☐ Gold (\$6,000) ☐ Silver (\$3,000) Submission of this signed form to Le Bonheur Children's Hospital constitutes your commitment to serve as a supporter and vour agreement to pay \$_____. Title: ______ Date: _____

Booths will not be reserved without payment in full. Please return application with either your online payment confirmation using the link below or your check made payable to Le Bonheur Children's Hospital to the address below (*Please be sure to address envelope with all information below.):

http://www.lebonheur.org/neuroexhibitor

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Tax ID: 23-7320638

If you have any questions, please do not hesitate to contact Margaret.Kinglong@lebonheur.org.