



INTENT TO EXHIBIT REGISTRATION FORM

_____ will be exhibiting at the Massachusetts Neurologic Association's Annual Meeting on Saturday, April 27th, 2024, at the Massachusetts Medical Society (Conference Center in Waltham Woods), 850 Winter St., Waltham, MA. Checks may be made payable to Massachusetts Neurologic Association (MNA); federal identification #04-2763275. Online payment is available at www.massneuro.org/exhibit.

2024 Exhibit: _____ Display (Fee: \$2,000.00)

Exhibiting Company (list exactly as it should appear in all listings of exhibitors):

Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Contact Person (for correspondence, including information on event logistics):

Name _____ Title _____

All correspondence will be with the person listed above. The contact person will be responsible for forwarding all materials to agents and/or representatives.

Registration

The company representatives who will attend the meeting are (please list the names as they should appear on badges. These names can be changed prior to the program by emailing mna@mms.org):

Name: _____ Email: _____

Reminder: Effective July 1, 2009, Massachusetts Department of Public Health regulations on the "Ban on Gifts to Physicians" took effect. MNA recommends that all potential exhibitors review this information at www.mass.gov/dph/pharmamed in advance of their onsite presence.

Signed _____ Date _____

Please complete, scan and email this form by **April 12th, 2024** to:
Katy Monaco – Administrator - E: kmonaco@mms.org
Massachusetts Neurologic Association - 860 Winter St, Waltham, MA 02451
T: 781-434-7329