

ARIZONA NEUROSURGICAL SOCIETY

2026 ANNUAL MEETING

October 10, 2026 | 8:00 AM – 5:00 PM

Sonntag Pavilion / Marley Lobby | Barrow Neurological Institute | Phoenix, AZ

COMMERCIAL SUPPORTER PROSPECTUS

Partner with Arizona's Premier Neurosurgical Forum

The Arizona Neurosurgical Society is proud to offer exclusive opportunities for commercial supporters at our 2026 Annual Meeting. Join us for a full day of scientific education, professional development, and networking with Arizona's leading neurosurgical community.

EXHIBITOR OPPORTUNITY

Package	Investment
Display Table – Saturday Complimentary attendance at breakfast, break & lunch for two (2) representatives	\$2,500

Premium table placement in the Sonntag Pavilion / Marley Lobby with high visibility throughout the day's program.

ADDITIONAL SPONSORSHIP OPPORTUNITIES

Sponsorship Level	Investment
Breakfast Sponsor – Acknowledgement signage at sponsored event	\$500
Break Sponsor – Acknowledgement signage at sponsored event	\$250
Lunch Sponsor – Acknowledgement signage at sponsored event	\$500

Acknowledgement signage will be displayed at your sponsored event as permitted.

POLICIES & GUIDELINES

- This activity is for scientific and educational purposes only and will not promote the products of Commercial Supporters, directly or indirectly.
- The juxtaposition of educational and advertising material on the same products or subjects is not permitted.
- Promotional materials may not be displayed or distributed during the educational program immediately before, during, or after the activity.
- Exhibitors and commercial supporters are accepted on a first-come, first-served basis.

QUESTIONS? READY TO PARTICIPATE?

Please complete and return the Application on page 2 to:

Ashley Schnock, Arizona Neurosurgical Society – 2401 W. Peoria Avenue, Suite 315, Phoenix, AZ 85029

Phone: 602.909.4388 | Email: neurosurgical@azmed.org | Tax ID: #86-0386744

ARIZONA NEUROSURGICAL SOCIETY

APPLICATION FOR COMMERCIAL SUPPORT – 2026 Annual Meeting | October 10, 2026

YES! My company would like to participate as a commercial supporter at the Arizona Neurosurgical Society 2026 Annual Meeting.

COMPANY INFORMATION

Firm Name

Address

City, State, Zip

Contact Person	Telephone
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Email Address

SUPPORT SELECTION

EXHIBITOR PACKAGE

	Display Table – Saturday Complimentary attendance at breakfast, break & lunch for two (2) representatives	\$2,500
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ADDITIONAL SPONSORSHIPS

	Breakfast Sponsor – Acknowledgement signage at sponsored event	\$500
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TOTAL ENCLOSED	\$ _____
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REPRESENTATIVE INFORMATION

Please list names exactly as they should appear on name badges:

Rep 1 Name	Rep 1 Email
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Rep 2 Name	Rep 2 Email
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Electrical Hookup Required: **Yes** ☐ **No** ☐

Product or Service to be Displayed

ARIZONA NEUROSURGICAL SOCIETY

APPLICATION FOR COMMERCIAL SUPPORT – Payment Information

Please complete all fields below and return with your support selection from page 2. Payment is due with submission.

CARD DETAILS

Credit Card Number

Expiration Date	CVC #	Amount Charged \$
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BILLING INFORMATION

Name on Card

Billing Address

City	State	Zip
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AUTHORIZATION

By signing below, I authorize the Arizona Neurosurgical Society to charge the credit card listed above for the total amount indicated on page 2.

Signature

Date

RETURN COMPLETED APPLICATION TO:

Ashley Schnock, Arizona Neurosurgical Society

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