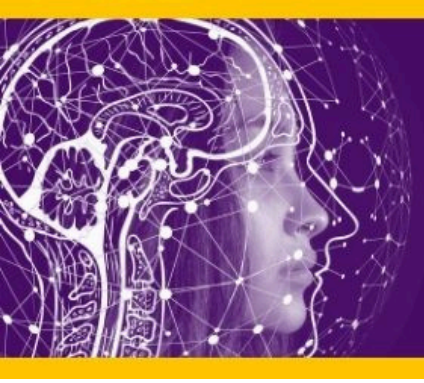

2026 RENOWN NEUROSCIENCE SYMPOSIUM

FRIDAY, SEPTEMBER 11,2026
RENOWN REGIONAL MEDICAL CENTER | MACK AUDITORIUM | RENO, NV

Dear Exhibitor,

On behalf of Renown Health, we are pleased to announce the 2026 Neuroscience Symposium on Friday, September 11, 2026, at the Renown Regional Medical Center, in the Mack Auditorium.

This year's Symposium will address advanced vascular neurology treatments.

Your company is invited to exhibit at the conference. Exhibits will be open during breakfast, breaks, and lunch. All exhibitors will be acknowledged in conference materials and at the conference.

Our educational partner, the University of Nevada, Reno School of Medicine, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide accredited continuing medical education (CME). As such, all exhibitors must adhere to the ACCME Standards for Integrity and Independence in Accredited Education. As indicated in the ACCME Standards, live promotional activities will be kept separate from the CME sessions.

We look forward to the conference and hope that you will join us. If you are interested in exhibiting at this conference, please complete and return the form no later than August 15, 2026. If you have any questions about this conference or need additional exhibitor information, please contact Johanna Bell at bellj@med.unr.edu, or 775-784-1451.

Thank you,

Danilo Vitorovic, MD

Division Chief of Neurology
Assistant Professor of Clinical Neurology
Renown Institute for Neurosciences
Symposium Planning Chair

2026 RENOWN NEUROSCIENCE SYMPOSIUM

FRIDAY, SEPTEMBER 11,2026
RENOWN REGIONAL MEDICAL CENTER | MACK AUDITORIUM | RENO, NV

Sponsor/Exhibitor Package $2000

- One display table
- Complementary registration for two people
- Networking during breakfast, lunch and two breaks
- Recognition on welcome PowerPoint with other supporters, no logos

Cancellation/No Show Policy
Receipt of this registration form is commitment to exhibit/ sponsor.
Cancellations will not be refunded.

Company Contact Information

Contact Name _____

Company Name as it should appear in the Program _____

Email _____ Phone Number _____

Payment Method

☐ Check
☐ Credit Card (4% processing fee, secure link will be sent. A secure link will be sent for payment)

Please complete this form and email it to Johanna Bell at bellj@med.unr.edu.
Payment must be received by August 31, 2026